



Your Monthly Premium Rate Guide

HEALTH PLANS THAT FIT YOUR LIFE

Effective January 1, 2025

Individual & Family Plans



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Find your rate

Finding the rate that applies to you is easy!

1. Find the chart for your region in this guide.
2. Select your age.
3. Select a plan.

Ambetter PPO Rates

Rates effective January 1, 2025

Region 3
Placer, Sacramento and Yuba counties

Age	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Off Exchange Ambetter PPO	Bronze 60 Ambetter PPO	Bronze 60 HDHP Ambetter PPO	Minimum Ambetter
0-14	680.47	533.14	408.07	324.79	372.31	
15	740.95	580.53	444.34	349.75	399.96	
16	764.09	598.85	458.31	353.43	399.58	
17	787.02	616.77	472.08	364.10	381.19	
18	811.12	636.28	487.01	375.62	372.81	
19	827.09	651.80	501.96	387.14	384.04	
20	842.82	676.01	517.42	399.07	395.88	
21	859.51	696.91	533.42	411.41	408.12	
22	890.01	696.91	533.42	411.41	408.12	
23	890.01	696.91	533.42	411.41	408.12	
24	890.01	696.91	533.42	411.41	408.12	
25	890.01	696.91	533.42	411.41	408.12	
26	890.01	696.91	533.42	411.41	408.12	
27	890.01	696.91	533.42	411.41	408.12	
28	890.01	696.91	533.42	411.41	408.12	
29	890.01	696.91	533.42	411.41	408.12	
30	890.01	696.91	533.42	411.41	408.12	
31	890.01	696.91	533.42	411.41	408.12	
32	890.01	696.91	533.42	411.41	408.12	
33	890.01	696.91	533.42	411.41	408.12	
34	890.01	696.91	533.42	411.41	408.12	
35	890.01	696.91	533.42	411.41	408.12	
36	890.01	696.91	533.42	411.41	408.12	
37	890.01	696.91	533.42	411.41	408.12	
38	890.01	696.91	533.42	411.41	408.12	
39	890.01	696.91	533.42	411.41	408.12	
40	890.01	696.91	533.42	411.41	408.12	
41	890.01	696.91	533.42	411.41	408.12	
42	890.01	696.91	533.42	411.41	408.12	
43	890.01	696.91	533.42	411.41	408.12	
44	890.01	696.91	533.42	411.41	408.12	
45	890.01	696.91	533.42	411.41	408.12	
46	890.01	696.91	533.42	411.41	408.12	
47	890.01	696.91	533.42	411.41	408.12	
48	890.01	696.91	533.42	411.41	408.12	
49	890.01	696.91	533.42	411.41	408.12	
50	890.01	696.91	533.42	411.41	408.12	
51	890.01	696.91	533.42	411.41	408.12	
52	890.01	696.91	533.42	411.41	408.12	
53	890.01	696.91	533.42	411.41	408.12	
54	890.01	696.91	533.42	411.41	408.12	
55	890.01	696.91	533.42	411.41	408.12	
56	890.01	696.91	533.42	411.41	408.12	
57	890.01	696.91	533.42	411.41	408.12	
58	890.01	696.91	533.42	411.41	408.12	
59	890.01	696.91	533.42	411.41	408.12	
60	890.01	696.91	533.42	411.41	408.12	
61	890.01	696.91	533.42	411.41	408.12	
62	890.01	696.91	533.42	411.41	408.12	
63	890.01	696.91	533.42	411.41	408.12	
64	890.01	696.91	533.42	411.41	408.12	
65	890.01	696.91	533.42	411.41	408.12	
66	890.01	696.91	533.42	411.41	408.12	
67	890.01	696.91	533.42	411.41	408.12	
68	890.01	696.91	533.42	411.41	408.12	
69	890.01	696.91	533.42	411.41	408.12	
70	890.01	696.91	533.42	411.41	408.12	
71	890.01	696.91	533.42	411.41	408.12	
72	890.01	696.91	533.42	411.41	408.12	
73	890.01	696.91	533.42	411.41	408.12	
74	890.01	696.91	533.42	411.41	408.12	
75	890.01	696.91	533.42	411.41	408.12	
76	890.01	696.91	533.42	411.41	408.12	
77	890.01	696.91	533.42	411.41	408.12	
78	890.01	696.91	533.42	411.41	408.12	
79	890.01	696.91	533.42	411.41	408.12	
80	890.01	696.91	533.42	411.41	408.12	
81	890.01	696.91	533.42	411.41	408.12	
82	890.01	696.91	533.42	411.41	408.12	
83	890.01	696.91	533.42	411.41	408.12	
84	890.01	696.91	533.42	411.41	408.12	
85	890.01	696.91	533.42	411.41	408.12	
86	890.01	696.91	533.42	411.41	408.12	
87	890.01	696.91	533.42	411.41	408.12	
88	890.01	696.91	533.42	411.41	408.12	
89	890.01	696.91	533.42	411.41	408.12	
90	890.01	696.91	533.42	411.41	408.12	



Add up your monthly rate

The health plan rate is subject to the Affordable Care Act (ACA) rules. For children under age 21, no more than the three oldest children on the plan will be taken into account. Please see the examples below to assist you in adding up your family rate.

4. Add all of the health plan rates for each member of your family.

Note: You do not include more than the three oldest children if they are younger than 21.

Example A: Family of five in Region 15, Bronze 60 Ambetter PPO Plan

	Age	Health Plan rate
Subscriber	43	\$376.24
Spouse	40	\$354.34
Child 1	21	\$277.26
Child 2	12	\$212.10
Child 3	10	\$212.10
Family Premium	= \$1,432.04	

Example B: Family of five in Region 15, Bronze 60 Ambetter PPO Plus Plan with Adult Dental and Vision coverage

	Age	Health Plan rate
Subscriber	43	\$385.44
Spouse	40	\$363.00
Child 1	21	\$284.04
Child 2	12	\$217.29
Child 3	10	\$217.29
Family Premium	= \$1,467.06	

Rating regions

Premium payments are based on the primary subscriber's home address. Please refer to the counties on page 2 for the rating regions. If you have questions, please contact your Health Net of California, Inc. (Health Net) broker, or call **800-909-3447, option 2.**

Choices by Location

FIND THE FIT

Ambetter plans available directly through Health Net

Region	County	Plan name
3	Placer ¹ , Sacramento and Yolo	Ambetter PPO, Ambetter PPO Plus - Platinum 90 Ambetter PPO - Gold 80 Ambetter PPO - Silver 70 Off Exchange Ambetter PPO - Bronze 60 Ambetter PPO - Bronze 60 HDHP Ambetter PPO - Minimum Coverage Ambetter PPO
15	Los Angeles: ZIP codes starting with 906-912, 915, 917, 918, 935	
16	Los Angeles: ZIP codes not in Region 15	
17	Riverside ¹ and San Bernardino ¹	
18	Orange	
19	San Diego	
13	Imperial	Ambetter HMO, Ambetter HMO Plus - Platinum 90 Ambetter HMO - Gold 80 Ambetter HMO - Silver 70 Off Exchange Ambetter HMO - Bronze 60 Ambetter HMO - Minimum Coverage HMO
14	Kern ¹	
15	Los Angeles: ZIP codes starting with 906-912, 915, 917, 918, 935	
16	Los Angeles: ZIP codes not in Region 15	Ambetter HMO, Ambetter HMO Plus - Platinum 90 Ambetter HMO - Gold 80 Ambetter HMO - Silver 70 Off Exchange Ambetter HMO
17	Riverside ¹ and San Bernardino ¹	
18	Orange	
19	San Diego	

Partial counties – Plans are available in the following ZIP codes

Region	County
3	Placer 95602, 95603, 95604, 95631, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95701, 95703, 95713, 95714, 95722, 95736, 95746, 95747, 95765
14	Kern 93203, 93205, 93206, 93215, 93216, 93220, 93222, 93224, 93225, 93226, 93238, 93240, 93241, 93243, 93249, 93250, 93251, 93252, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314, 93380, 93383, 93384, 93385, 93386, 93387, 93388, 93389, 93390, 93501, 93502, 93504, 93505, 93516, 93518, 93519, 93523, 93524, 93531, 93560, 93561, 93581, 93596
17	Riverside 91752, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92549, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883 San Bernardino 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91784, 91785, 91786, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92301, 92305, 92307, 92308, 92309, 92310, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92327, 92329, 92331, 92333, 92334, 92335, 92336, 92337, 92339, 92340, 92341, 92342, 92344, 92345, 92346, 92347, 92350, 92352, 92354, 92356, 92357, 92358, 92359, 92365, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92398, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92413, 92415, 92418, 92423, 92427

¹Partial county only.

Ambetter PPO

EFFECTIVE JANUARY 1, 2025

Ambetter PPO Rates

Rates effective January 1, 2025

Region 3

Placer¹, Sacramento and Yolo counties.

Age	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Off Exchange Ambetter PPO	Bronze 60 Ambetter PPO	Bronze 60 HDHP Ambetter PPO	Minimum Coverage Ambetter PPO
0-14	680.47	533.14	408.07	314.73	312.21	249.03
15	740.96	580.53	444.34	342.71	339.96	271.17
16	764.09	598.65	458.21	353.40	350.58	279.64
17	787.22	616.77	472.08	364.10	361.19	288.10
18	812.12	636.28	487.01	375.62	372.61	297.21
19	837.03	655.80	501.95	387.14	384.04	306.33
20	862.82	676.01	517.42	399.07	395.88	315.77
21	889.51	696.91	533.42	411.41	408.12	325.54
22	889.51	696.91	533.42	411.41	408.12	325.54
23	889.51	696.91	533.42	411.41	408.12	325.54
24	889.51	696.91	533.42	411.41	408.12	325.54
25	893.07	699.70	535.55	413.06	409.75	326.84
26	910.86	713.64	546.22	421.29	417.91	333.35
27	932.21	730.37	559.02	431.16	427.71	341.16
28	966.90	757.55	579.83	447.20	443.63	353.86
29	995.36	779.85	596.90	460.37	456.69	364.27
30	1,009.59	791.00	605.43	466.95	463.22	369.48
31	1,030.94	807.72	618.23	476.83	473.01	377.30
32	1,052.29	824.45	631.04	486.70	482.81	385.11
33	1,065.63	834.90	639.04	492.87	488.93	389.99
34	1,079.86	846.05	647.57	499.45	495.46	395.20
35	1,086.98	851.63	651.84	502.74	498.72	397.80
36	1,094.10	857.20	656.11	506.04	501.99	400.41
37	1,101.21	862.78	660.37	509.33	505.25	403.01
38	1,108.33	868.35	664.64	512.62	508.52	405.62
39	1,122.56	879.51	673.18	519.20	515.05	410.83
40	1,136.79	890.66	681.71	525.78	521.58	416.03
41	1,158.14	907.38	694.51	535.66	531.37	423.85
42	1,178.60	923.41	706.78	545.12	540.76	431.34
43	1,207.06	945.71	723.85	558.29	553.82	441.75
44	1,242.64	973.59	745.19	574.74	570.14	454.77
45	1,284.45	1,006.34	770.26	594.08	589.33	470.07
46	1,334.26	1,045.37	800.13	617.12	612.18	488.30
47	1,390.30	1,089.28	833.73	643.04	637.89	508.81
48	1,454.35	1,139.45	872.14	672.66	667.28	532.25
49	1,517.50	1,188.93	910.01	701.87	696.25	555.36
50	1,588.66	1,244.69	952.69	734.78	728.90	581.41
51	1,658.93	1,299.74	994.83	767.28	761.14	607.12
52	1,736.32	1,360.38	1,041.23	803.08	796.65	635.45
53	1,814.60	1,421.70	1,088.18	839.28	832.57	664.09
54	1,899.10	1,487.91	1,138.85	878.36	871.34	695.02
55	1,983.61	1,554.12	1,189.53	917.45	910.11	725.95
56	2,075.23	1,625.90	1,244.47	959.82	952.14	759.48
57	2,167.73	1,698.38	1,299.94	1,002.61	994.59	793.33
58	2,266.47	1,775.74	1,359.15	1,048.28	1,039.89	829.47
59	2,315.39	1,814.07	1,388.49	1,070.90	1,062.34	847.37
60	2,414.13	1,891.42	1,447.70	1,116.57	1,107.64	883.50
61	2,499.52	1,958.33	1,498.91	1,156.07	1,146.82	914.76
62	2,555.56	2,002.23	1,532.51	1,181.98	1,172.53	935.26
63	2,625.83	2,057.29	1,574.65	1,214.49	1,204.77	960.98
64+	2,668.53	2,090.73	1,600.26	1,234.23	1,224.36	976.62

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Rates

Rates effective January 1, 2025

Region 15

Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935.

Age	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Off Exchange Ambetter PPO	Bronze 60 Ambetter PPO	Bronze 60 HDHP Ambetter PPO	Minimum Coverage Ambetter PPO
0–14	458.59	359.30	275.01	212.10	210.41	167.83
15	499.35	391.23	299.45	230.96	229.11	182.75
16	514.94	403.44	308.80	238.17	236.26	188.45
17	530.52	415.66	318.14	245.38	243.41	194.16
18	547.31	428.81	328.21	253.14	251.11	200.30
19	564.09	441.96	338.28	260.90	258.81	206.44
20	581.48	455.58	348.70	268.94	266.79	212.81
21	599.46	469.67	359.48	277.26	275.04	219.39
22	599.46	469.67	359.48	277.26	275.04	219.39
23	599.46	469.67	359.48	277.26	275.04	219.39
24	599.46	469.67	359.48	277.26	275.04	219.39
25	601.86	471.55	360.92	278.37	276.14	220.26
26	613.85	480.94	368.11	283.91	281.64	224.65
27	628.24	492.21	376.74	290.57	288.24	229.92
28	651.62	510.53	390.76	301.38	298.97	238.47
29	670.80	525.56	402.26	310.25	307.77	245.49
30	680.39	533.07	408.02	314.69	312.17	249.00
31	694.78	544.34	416.64	321.34	318.77	254.27
32	709.16	555.62	425.27	328.00	325.38	259.53
33	718.16	562.66	430.66	332.16	329.50	262.83
34	727.75	570.18	436.41	336.59	333.90	266.34
35	732.54	573.93	439.29	338.81	336.10	268.09
36	737.34	577.69	442.17	341.03	338.30	269.85
37	742.13	581.45	445.04	343.25	340.50	271.60
38	746.93	585.21	447.92	345.47	342.70	273.36
39	756.52	592.72	453.67	349.90	347.10	276.87
40	766.11	600.24	459.42	354.34	351.50	280.38
41	780.50	611.51	468.05	360.99	358.11	285.64
42	794.29	622.31	476.32	367.37	364.43	290.69
43	813.47	637.34	487.82	376.24	373.23	297.71
44	837.45	656.13	502.20	387.33	384.23	306.48
45	865.62	678.20	519.10	400.36	397.16	316.79
46	899.19	704.50	539.23	415.89	412.56	329.08
47	936.96	734.09	561.87	433.36	429.89	342.90
48	980.12	767.91	587.76	453.32	449.69	358.70
49	1,022.68	801.25	613.28	473.01	469.22	374.27
50	1,070.64	838.83	642.04	495.19	491.23	391.82
51	1,118.00	875.93	670.44	517.09	512.95	409.16
52	1,170.15	916.79	701.71	541.21	536.88	428.24
53	1,222.90	958.12	733.35	565.61	561.09	447.55
54	1,279.85	1,002.74	767.50	591.95	587.22	468.39
55	1,336.80	1,047.36	801.65	618.29	613.34	489.23
56	1,398.55	1,095.73	838.68	646.85	641.67	511.83
57	1,460.89	1,144.58	876.06	675.68	670.28	534.65
58	1,527.43	1,196.71	915.97	706.46	700.81	559.00
59	1,560.40	1,222.55	935.74	721.71	715.94	571.06
60	1,626.94	1,274.68	975.64	752.49	746.47	595.42
61	1,684.49	1,319.77	1,010.15	779.10	772.87	616.48
62	1,722.26	1,349.36	1,032.80	796.57	790.20	630.30
63	1,769.61	1,386.46	1,061.20	818.47	811.93	647.63
64+	1,798.38	1,409.01	1,078.44	831.78	825.12	658.17

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Rates

Rates effective January 1, 2025

Region 16

Los Angeles County: ZIP codes not in region 15.

Age	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Off Exchange Ambetter PPO	Bronze 60 Ambetter PPO	Bronze 60 HDHP Ambetter PPO	Minimum Coverage Ambetter PPO
0-14	599.55	469.74	359.54	277.30	275.08	219.42
15	652.84	511.49	391.50	301.95	299.53	238.92
16	673.22	527.46	403.72	311.37	308.88	246.38
17	693.60	543.42	415.94	320.80	318.23	253.84
18	715.54	560.61	429.10	330.95	328.30	261.87
19	737.49	577.81	442.25	341.10	338.37	269.90
20	760.22	595.61	455.88	351.61	348.80	278.22
21	783.73	614.04	469.98	362.49	359.59	286.82
22	783.73	614.04	469.98	362.49	359.59	286.82
23	783.73	614.04	469.98	362.49	359.59	286.82
24	783.73	614.04	469.98	362.49	359.59	286.82
25	786.86	616.49	471.86	363.94	361.02	287.97
26	802.54	628.77	481.26	371.19	368.22	293.71
27	821.35	643.51	492.54	379.88	376.85	300.59
28	851.91	667.46	510.87	394.02	390.87	311.78
29	876.99	687.11	525.91	405.62	402.38	320.95
30	889.53	696.93	533.43	411.42	408.13	325.54
31	908.34	711.67	544.71	420.12	416.76	332.43
32	927.15	726.40	555.99	428.82	425.39	339.31
33	938.90	735.61	563.04	434.26	430.78	343.61
34	951.44	745.44	570.56	440.06	436.54	348.20
35	957.71	750.35	574.32	442.96	439.41	350.50
36	963.98	755.26	578.08	445.86	442.29	352.79
37	970.25	760.18	581.84	448.76	445.17	355.09
38	976.52	765.09	585.60	451.66	448.04	357.38
39	989.06	774.91	593.12	457.46	453.80	361.97
40	1,001.60	784.74	600.64	463.26	459.55	366.56
41	1,020.41	799.47	611.92	471.96	468.18	373.44
42	1,038.44	813.60	622.73	480.29	476.45	380.04
43	1,063.52	833.25	637.77	491.89	487.96	389.22
44	1,094.87	857.81	656.57	506.39	502.34	400.69
45	1,131.70	886.67	678.66	523.43	519.24	414.17
46	1,175.59	921.05	704.98	543.73	539.38	430.23
47	1,224.97	959.74	734.58	566.56	562.03	448.30
48	1,281.39	1,003.95	768.42	592.66	587.92	468.95
49	1,337.04	1,047.54	801.79	618.40	613.45	489.32
50	1,399.74	1,096.67	839.39	647.40	642.22	512.26
51	1,461.65	1,145.18	876.52	676.04	670.63	534.92
52	1,529.83	1,198.60	917.41	707.57	701.91	559.88
53	1,598.80	1,252.63	958.77	739.47	733.55	585.12
54	1,673.26	1,310.96	1,003.42	773.91	767.72	612.37
55	1,747.71	1,369.30	1,048.06	808.34	801.88	639.61
56	1,828.43	1,432.54	1,096.47	845.68	838.91	669.16
57	1,909.94	1,496.40	1,145.35	883.38	876.31	698.99
58	1,996.94	1,564.56	1,197.52	923.61	916.22	730.82
59	2,040.04	1,598.33	1,223.37	943.55	936.00	746.60
60	2,127.03	1,666.49	1,275.54	983.79	975.92	778.44
61	2,202.27	1,725.44	1,320.65	1,018.58	1,010.44	805.97
62	2,251.65	1,764.12	1,350.26	1,041.42	1,033.09	824.04
63	2,313.56	1,812.63	1,387.39	1,070.06	1,061.50	846.70
64+	2,351.19	1,842.12	1,409.94	1,087.47	1,078.77	860.46

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Rates

Rates effective January 1, 2025

Region 17

Riverside¹ and San Bernardino¹ counties.

Age	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Off Exchange Ambetter PPO	Bronze 60 Ambetter PPO	Bronze 60 HDHP Ambetter PPO	Minimum Coverage Ambetter PPO
0-14	463.80	363.38	278.13	214.51	212.80	169.74
15	505.03	395.68	302.85	233.58	231.71	184.83
16	520.79	408.03	312.31	240.87	238.95	190.59
17	536.55	420.38	321.76	248.16	246.18	196.36
18	553.53	433.68	331.94	256.02	253.97	202.58
19	570.50	446.98	342.12	263.87	261.76	208.79
20	588.09	460.75	352.66	272.00	269.82	215.22
21	606.27	475.00	363.57	280.41	278.17	221.88
22	606.27	475.00	363.57	280.41	278.17	221.88
23	606.27	475.00	363.57	280.41	278.17	221.88
24	606.27	475.00	363.57	280.41	278.17	221.88
25	608.70	476.90	365.02	281.53	279.28	222.77
26	620.82	486.40	372.30	287.14	284.84	227.20
27	635.38	497.80	381.02	293.87	291.52	232.53
28	659.02	516.33	395.20	304.81	302.37	241.18
29	678.42	531.53	406.83	313.78	311.27	248.28
30	688.12	539.13	412.65	318.27	315.72	251.83
31	702.67	550.53	421.38	325.00	322.40	257.16
32	717.22	561.93	430.10	331.73	329.07	262.48
33	726.32	569.06	435.56	335.93	333.24	265.81
34	736.02	576.66	441.37	340.42	337.70	269.36
35	740.87	580.46	444.28	342.66	339.92	271.14
36	745.72	584.26	447.19	344.91	342.15	272.91
37	750.57	588.06	450.10	347.15	344.37	274.69
38	755.42	591.86	453.01	349.39	346.60	276.46
39	765.12	599.46	458.82	353.88	351.05	280.01
40	774.82	607.06	464.64	358.37	355.50	283.56
41	789.37	618.46	473.37	365.09	362.17	288.89
42	803.31	629.38	481.73	371.54	368.57	293.99
43	822.71	644.58	493.36	380.52	377.47	301.09
44	846.96	663.58	507.91	391.73	388.60	309.97
45	875.46	685.91	524.99	404.91	401.67	320.39
46	909.41	712.51	545.35	420.62	417.25	332.82
47	947.61	742.43	568.26	438.28	434.78	346.80
48	991.26	776.63	594.44	458.47	454.80	362.77
49	1,034.30	810.36	620.25	478.38	474.55	378.53
50	1,082.81	848.36	649.33	500.81	496.81	396.28
51	1,130.70	885.88	678.06	522.97	518.78	413.81
52	1,183.45	927.21	709.69	547.36	542.98	433.11
53	1,236.80	969.01	741.68	572.04	567.46	452.63
54	1,294.40	1,014.13	776.22	598.68	593.89	473.71
55	1,351.99	1,059.26	810.76	625.32	620.31	494.79
56	1,414.44	1,108.18	848.21	654.20	648.96	517.65
57	1,477.49	1,157.59	886.02	683.36	677.89	540.72
58	1,544.79	1,210.31	926.37	714.49	708.77	565.35
59	1,578.13	1,236.44	946.37	729.91	724.07	577.55
60	1,645.43	1,289.16	986.73	761.04	754.95	602.18
61	1,703.63	1,334.76	1,021.63	787.95	781.65	623.48
62	1,741.83	1,364.69	1,044.53	805.62	799.18	637.46
63	1,789.72	1,402.21	1,073.26	827.77	821.15	654.99
64+	1,818.81	1,425.00	1,090.71	841.23	834.51	665.64

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Rates

Rates effective January 1, 2025

Region
18

Orange County.

Age	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Off Exchange Ambetter PPO	Bronze 60 Ambetter PPO	Bronze 60 HDHP Ambetter PPO	Minimum Coverage Ambetter PPO
0-14	590.08	462.32	353.86	272.92	270.74	215.95
15	642.53	503.41	385.31	297.18	294.80	235.15
16	662.59	519.12	397.34	306.46	304.00	242.49
17	682.64	534.84	409.36	315.73	313.21	249.83
18	704.24	551.76	422.32	325.72	323.11	257.73
19	725.84	568.68	435.27	335.71	333.02	265.64
20	748.20	586.20	448.68	346.06	343.29	273.82
21	771.34	604.33	462.56	356.76	353.90	282.29
22	771.34	604.33	462.56	356.76	353.90	282.29
23	771.34	604.33	462.56	356.76	353.90	282.29
24	771.34	604.33	462.56	356.76	353.90	282.29
25	774.43	606.75	464.41	358.19	355.32	283.42
26	789.86	618.84	473.66	365.32	362.40	289.07
27	808.37	633.34	484.76	373.88	370.89	295.84
28	838.45	656.91	502.80	387.80	384.69	306.85
29	863.13	676.25	517.60	399.21	396.02	315.88
30	875.48	685.92	525.00	404.92	401.68	320.40
31	893.99	700.42	536.11	413.48	410.18	327.18
32	912.50	714.93	547.21	422.05	418.67	333.95
33	924.07	723.99	554.15	427.40	423.98	338.18
34	936.41	733.66	561.55	433.10	429.64	342.70
35	942.58	738.50	565.25	435.96	432.47	344.96
36	948.75	743.33	568.95	438.81	435.30	347.22
37	954.92	748.17	572.65	441.67	438.13	349.48
38	961.10	753.00	576.35	444.52	440.96	351.73
39	973.44	762.67	583.75	450.23	446.63	356.25
40	985.78	772.34	591.15	455.94	452.29	360.77
41	1,004.29	786.84	602.25	464.50	460.78	367.54
42	1,022.03	800.74	612.89	472.71	468.92	374.04
43	1,046.71	820.08	627.69	484.12	480.25	383.07
44	1,077.57	844.25	646.19	498.39	494.40	394.36
45	1,113.82	872.66	667.93	515.16	511.04	407.63
46	1,157.02	906.50	693.84	535.14	530.86	423.44
47	1,205.61	944.57	722.98	557.61	553.15	441.22
48	1,261.15	988.09	756.28	583.30	578.63	461.55
49	1,315.91	1,030.99	789.13	608.63	603.76	481.59
50	1,377.62	1,079.34	826.13	637.17	632.07	504.17
51	1,438.56	1,127.08	862.67	665.35	660.03	526.47
52	1,505.66	1,179.66	902.91	696.39	690.82	551.03
53	1,573.54	1,232.84	943.62	727.79	721.97	575.87
54	1,646.82	1,290.25	987.56	761.68	755.59	602.69
55	1,720.10	1,347.66	1,031.51	795.57	789.21	629.51
56	1,799.55	1,409.91	1,079.15	832.32	825.66	658.58
57	1,879.77	1,472.76	1,127.26	869.42	862.47	687.94
58	1,965.39	1,539.84	1,178.60	909.02	901.75	719.28
59	2,007.81	1,573.08	1,204.04	928.64	921.21	734.80
60	2,093.43	1,640.16	1,255.38	968.24	960.50	766.14
61	2,167.48	1,698.18	1,299.79	1,002.49	994.47	793.24
62	2,216.07	1,736.25	1,328.93	1,024.97	1,016.77	811.02
63	2,277.01	1,783.99	1,365.47	1,053.15	1,044.73	833.32
64+	2,314.02	1,812.99	1,387.68	1,070.28	1,061.70	846.87

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Rates

Rates effective January 1, 2025

Region 19

San Diego County.

Age	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Off Exchange Ambetter PPO	Bronze 60 Ambetter PPO	Bronze 60 HDHP Ambetter PPO	Minimum Coverage Ambetter PPO
0-14	610.09	478.00	365.86	282.18	279.92	223.28
15	664.32	520.48	398.38	307.26	304.80	243.12
16	685.06	536.73	410.81	316.85	314.31	250.71
17	705.79	552.98	423.25	326.44	323.83	258.30
18	728.12	570.47	436.64	336.77	334.07	266.47
19	750.45	587.97	450.03	347.10	344.32	274.65
20	773.58	606.09	463.90	357.79	354.93	283.11
21	797.51	624.83	478.25	368.86	365.91	291.87
22	797.51	624.83	478.25	368.86	365.91	291.87
23	797.51	624.83	478.25	368.86	365.91	291.87
24	797.51	624.83	478.25	368.86	365.91	291.87
25	800.70	627.33	480.16	370.33	367.37	293.03
26	816.65	639.83	489.73	377.71	374.69	298.87
27	835.79	654.82	501.20	386.56	383.47	305.87
28	866.89	679.19	519.85	400.95	397.74	317.26
29	892.41	699.19	535.16	412.75	409.45	326.60
30	905.17	709.18	542.81	418.65	415.31	331.27
31	924.31	724.18	554.29	427.51	424.09	338.27
32	943.45	739.18	565.77	436.36	432.87	345.28
33	955.41	748.55	572.94	441.89	438.36	349.65
34	968.17	758.55	580.59	447.79	444.21	354.32
35	974.55	763.54	584.42	450.75	447.14	356.66
36	980.93	768.54	588.24	453.70	450.07	358.99
37	987.31	773.54	592.07	456.65	452.99	361.33
38	993.69	778.54	595.90	459.60	455.92	363.66
39	1,006.45	788.54	603.55	465.50	461.78	368.33
40	1,019.21	798.53	611.20	471.40	467.63	373.00
41	1,038.35	813.53	622.68	480.25	476.41	380.01
42	1,056.70	827.90	633.68	488.74	484.83	386.72
43	1,082.22	847.90	648.98	500.54	496.54	396.06
44	1,114.12	872.89	668.11	515.30	511.17	407.74
45	1,151.60	902.26	690.59	532.63	528.37	421.45
46	1,196.26	937.25	717.37	553.29	548.86	437.80
47	1,246.50	976.61	747.50	576.53	571.91	456.19
48	1,303.92	1,021.60	781.93	603.08	598.26	477.20
49	1,360.55	1,065.96	815.89	629.27	624.24	497.92
50	1,424.35	1,115.95	854.15	658.78	653.51	521.27
51	1,487.35	1,165.31	891.93	687.92	682.42	544.33
52	1,556.73	1,219.67	933.54	720.01	714.25	569.72
53	1,626.91	1,274.66	975.62	752.47	746.45	595.41
54	1,702.68	1,334.01	1,021.06	787.51	781.21	623.13
55	1,778.44	1,393.37	1,066.49	822.55	815.97	650.86
56	1,860.58	1,457.73	1,115.75	860.55	853.66	680.92
57	1,943.52	1,522.71	1,165.49	898.91	891.72	711.28
58	2,032.05	1,592.07	1,218.57	939.85	932.33	743.67
59	2,075.91	1,626.44	1,244.88	960.14	952.46	759.73
60	2,164.43	1,695.79	1,297.96	1,001.08	993.07	792.12
61	2,240.99	1,755.78	1,343.87	1,036.49	1,028.20	820.14
62	2,291.24	1,795.14	1,374.00	1,059.73	1,051.25	838.53
63	2,354.24	1,844.50	1,411.79	1,088.87	1,080.16	861.59
64+	2,392.53	1,874.49	1,434.75	1,106.58	1,097.73	875.61

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.



Ambetter HMO

EFFECTIVE JANUARY 1, 2025

Ambetter HMO Rates

Rates effective January 1, 2025

Region 13

Imperial County.

Age	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Off Exchange Ambetter HMO	Bronze 60 Ambetter HMO	Minimum Coverage Ambetter HMO
0-14	417.06	347.72	266.31	205.40	162.52
15	454.13	378.63	289.98	223.65	176.97
16	468.31	390.45	299.03	230.63	182.49
17	482.48	402.26	308.08	237.61	188.02
18	497.75	414.99	317.83	245.13	193.97
19	513.01	427.72	327.58	252.65	199.91
20	528.82	440.90	337.67	260.44	206.08
21	545.18	454.53	348.12	268.49	212.45
22	545.18	454.53	348.12	268.49	212.45
23	545.18	454.53	348.12	268.49	212.45
24	545.18	454.53	348.12	268.49	212.45
25	547.36	456.35	349.51	269.57	213.30
26	558.26	465.44	356.47	274.94	217.55
27	571.35	476.35	364.83	281.38	222.65
28	592.61	494.08	378.40	291.85	230.93
29	610.05	508.62	389.54	300.44	237.73
30	618.78	515.90	395.11	304.74	241.13
31	631.86	526.81	403.47	311.18	246.23
32	644.94	537.71	411.82	317.63	251.33
33	653.12	544.53	417.04	321.65	254.51
34	661.84	551.81	422.61	325.95	257.91
35	666.21	555.44	425.40	328.10	259.61
36	670.57	559.08	428.18	330.24	261.31
37	674.93	562.71	430.97	332.39	263.01
38	679.29	566.35	433.75	334.54	264.71
39	688.01	573.62	439.32	338.84	268.11
40	696.74	580.90	444.89	343.13	271.51
41	709.82	591.80	453.25	349.58	276.61
42	722.36	602.26	461.25	355.75	281.49
43	739.80	616.80	472.39	364.34	288.29
44	761.61	634.99	486.32	375.08	296.79
45	787.24	656.35	502.68	387.70	306.78
46	817.77	681.80	522.17	402.74	318.67
47	852.11	710.44	544.11	419.65	332.06
48	891.36	743.16	569.17	438.98	347.35
49	930.07	775.44	593.89	458.05	362.44
50	973.69	811.80	621.74	479.53	379.43
51	1,016.75	847.71	649.24	500.74	396.22
52	1,064.19	887.25	679.52	524.10	414.70
53	1,112.16	927.25	710.16	547.72	433.39
54	1,163.95	970.43	743.23	573.23	453.58
55	1,215.74	1,013.61	776.30	598.74	473.76
56	1,271.90	1,060.43	812.15	626.39	495.64
57	1,328.60	1,107.70	848.36	654.31	517.74
58	1,389.11	1,158.16	887.00	684.12	541.32
59	1,419.10	1,183.15	906.15	698.88	553.00
60	1,479.61	1,233.61	944.79	728.69	576.59
61	1,531.95	1,277.24	978.21	754.46	596.98
62	1,566.29	1,305.88	1,000.14	771.38	610.36
63	1,609.36	1,341.79	1,027.64	792.59	627.15
64+	1,635.54	1,363.59	1,044.36	805.47	637.35

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter HMO Rates

Rates effective January 1, 2025

Region
14

Kern County.¹

Age	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Off Exchange Ambetter HMO	Bronze 60 Ambetter HMO	Minimum Coverage Ambetter HMO
0-14	399.83	333.36	255.31	196.91	155.81
15	435.37	362.99	278.00	214.41	169.66
16	448.96	374.32	286.68	221.11	174.95
17	462.55	385.65	295.36	227.80	180.25
18	477.19	397.85	304.70	235.01	185.95
19	491.82	410.05	314.05	242.21	191.66
20	506.98	422.69	323.72	249.68	197.56
21	522.66	435.76	333.74	257.40	203.67
22	522.66	435.76	333.74	257.40	203.67
23	522.66	435.76	333.74	257.40	203.67
24	522.66	435.76	333.74	257.40	203.67
25	524.75	437.50	335.07	258.43	204.49
26	535.20	446.22	341.75	263.58	208.56
27	547.74	456.68	349.76	269.76	213.45
28	568.13	473.67	362.77	279.79	221.39
29	584.85	487.61	373.45	288.03	227.91
30	593.22	494.59	378.79	292.15	231.17
31	605.76	505.05	386.80	298.33	236.06
32	618.30	515.50	394.81	304.51	240.94
33	626.14	522.04	399.82	308.37	244.00
34	634.51	529.01	405.16	312.48	247.26
35	638.69	532.50	407.83	314.54	248.89
36	642.87	535.98	410.50	316.60	250.52
37	647.05	539.47	413.17	318.66	252.15
38	651.23	542.96	415.84	320.72	253.78
39	659.59	549.93	421.18	324.84	257.04
40	667.96	556.90	426.51	328.96	260.29
41	680.50	567.36	434.52	335.14	265.18
42	692.52	577.38	442.20	341.06	269.87
43	709.25	591.33	452.88	349.29	276.38
44	730.15	608.76	466.23	359.59	284.53
45	754.72	629.24	481.92	371.69	294.10
46	783.99	653.64	500.60	386.10	305.51
47	816.91	681.09	521.63	402.32	318.34
48	854.54	712.47	545.66	420.85	333.01
49	891.65	743.41	569.35	439.13	347.47
50	933.47	778.27	596.05	459.72	363.76
51	974.76	812.69	622.42	480.05	379.85
52	1,020.23	850.60	651.45	502.45	397.57
53	1,066.22	888.95	680.82	525.10	415.49
54	1,115.87	930.35	712.53	549.55	434.84
55	1,165.53	971.74	744.23	574.00	454.19
56	1,219.36	1,016.63	778.61	600.52	475.17
57	1,273.72	1,061.95	813.32	627.29	496.35
58	1,331.73	1,110.31	850.36	655.86	518.96
59	1,360.48	1,134.28	868.72	670.01	530.16
60	1,418.49	1,182.65	905.76	698.59	552.77
61	1,468.67	1,224.48	937.80	723.30	572.32
62	1,501.59	1,251.94	958.82	739.51	585.15
63	1,542.88	1,286.36	985.19	759.85	601.24
64+	1,567.98	1,307.28	1,001.22	772.20	611.01

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter HMO Rates

Rates effective January 1, 2025

Region 15

Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935.

Age	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Off Exchange Ambetter HMO
0–14	344.90	287.55	220.23
15	375.55	313.11	239.81
16	387.28	322.89	247.29
17	399.00	332.66	254.78
18	411.62	343.18	262.84
19	424.25	353.71	270.90
20	437.32	364.61	279.25
21	450.85	375.89	287.88
22	450.85	375.89	287.88
23	450.85	375.89	287.88
24	450.85	375.89	287.88
25	452.65	377.39	289.03
26	461.67	384.91	294.79
27	472.49	393.93	301.70
28	490.07	408.59	312.93
29	504.50	420.62	322.14
30	511.71	426.63	326.75
31	522.53	435.65	333.65
32	533.35	444.67	340.56
33	540.11	450.31	344.88
34	547.33	456.33	349.49
35	550.93	459.33	351.79
36	554.54	462.34	354.09
37	558.15	465.35	356.40
38	561.75	468.36	358.70
39	568.97	474.37	363.31
40	576.18	480.38	367.91
41	587.00	489.40	374.82
42	597.37	498.05	381.44
43	611.80	510.08	390.66
44	629.83	525.11	402.17
45	651.02	542.78	415.70
46	676.27	563.83	431.82
47	704.67	587.51	449.96
48	737.13	614.58	470.69
49	769.14	641.26	491.13
50	805.21	671.33	514.16
51	840.83	701.03	536.90
52	880.05	733.73	561.94
53	919.72	766.81	587.28
54	962.55	802.52	614.63
55	1,005.38	838.23	641.98
56	1,051.82	876.94	671.63
57	1,098.71	916.04	701.57
58	1,148.75	957.76	733.52
59	1,173.55	978.43	749.36
60	1,223.59	1,020.16	781.31
61	1,266.88	1,056.24	808.95
62	1,295.28	1,079.92	827.08
63	1,330.90	1,109.62	849.83
64+	1,352.55	1,127.67	863.64

Region 16

Los Angeles County: ZIP codes not in Region 15.

Age	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Off Exchange Ambetter HMO
0–14	385.00	320.99	245.84
15	419.23	349.52	267.69
16	432.31	360.43	276.05
17	445.40	371.34	284.40
18	459.49	383.09	293.40
19	473.58	394.84	302.40
20	488.17	407.01	311.72
21	503.27	419.60	321.36
22	503.27	419.60	321.36
23	503.27	419.60	321.36
24	503.27	419.60	321.36
25	505.28	421.28	322.64
26	515.35	429.67	329.07
27	527.43	439.74	336.78
28	547.06	456.10	349.32
29	563.16	469.53	359.60
30	571.21	476.24	364.74
31	583.29	486.31	372.45
32	595.37	496.38	380.17
33	602.92	502.68	384.99
34	610.97	509.39	390.13
35	615.00	512.75	392.70
36	619.02	516.10	395.27
37	623.05	519.46	397.84
38	627.08	522.82	400.41
39	635.13	529.53	405.55
40	643.18	536.25	410.70
41	655.26	546.32	418.41
42	666.84	555.97	425.80
43	682.94	569.39	436.08
44	703.07	586.18	448.94
45	726.72	605.90	464.04
46	754.91	629.40	482.04
47	786.61	655.83	502.28
48	822.85	686.04	525.42
49	858.58	715.83	548.24
50	898.84	749.40	573.95
51	938.60	782.55	599.33
52	982.39	819.05	627.29
53	1,026.67	855.98	655.57
54	1,074.49	895.84	686.10
55	1,122.30	935.70	716.63
56	1,174.13	978.92	749.73
57	1,226.47	1,022.56	783.15
58	1,282.34	1,069.13	818.82
59	1,310.02	1,092.21	836.50
60	1,365.88	1,138.79	872.17
61	1,414.19	1,179.07	903.02
62	1,445.90	1,205.50	923.26
63	1,485.66	1,238.65	948.65
64+	1,509.81	1,258.80	964.08

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter HMO Rates

Rates effective January 1, 2025

Region 17

Riverside¹ and San Bernardino¹ counties.

Age	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Off Exchange Ambetter HMO
0-14	348.78	290.79	222.71
15	379.78	316.64	242.50
16	391.63	326.52	250.07
17	403.49	336.40	257.64
18	416.25	347.05	265.79
19	429.02	357.69	273.94
20	442.24	368.71	282.39
21	455.92	380.12	291.12
22	455.92	380.12	291.12
23	455.92	380.12	291.12
24	455.92	380.12	291.12
25	457.74	381.64	292.28
26	466.86	389.24	298.11
27	477.80	398.36	305.09
28	495.58	413.19	316.45
29	510.17	425.35	325.76
30	517.47	431.43	330.42
31	528.41	440.55	337.41
32	539.35	449.68	344.39
33	546.19	455.38	348.76
34	553.48	461.46	353.42
35	557.13	464.50	355.75
36	560.78	467.54	358.08
37	564.42	470.58	360.41
38	568.07	473.62	362.74
39	575.37	479.71	367.39
40	582.66	485.79	372.05
41	593.60	494.91	379.04
42	604.09	503.65	385.73
43	618.68	515.82	395.05
44	636.92	531.02	406.69
45	658.34	548.89	420.38
46	683.87	570.17	436.68
47	712.60	594.12	455.02
48	745.42	621.49	475.98
49	777.79	648.48	496.65
50	814.27	678.89	519.94
51	850.28	708.92	542.94
52	889.95	741.99	568.27
53	930.07	775.44	593.88
54	973.38	811.55	621.54
55	1,016.69	847.66	649.20
56	1,063.65	886.81	679.18
57	1,111.07	926.34	709.46
58	1,161.68	968.53	741.77
59	1,186.75	989.44	757.79
60	1,237.36	1,031.63	790.10
61	1,281.13	1,068.12	818.05
62	1,309.85	1,092.07	836.39
63	1,345.87	1,122.10	859.39
64+	1,367.76	1,140.36	873.36

Region 18

Orange County.

Age	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Off Exchange Ambetter HMO
0-14	419.73	349.95	268.01
15	457.04	381.05	291.84
16	471.31	392.95	300.95
17	485.57	404.84	310.06
18	500.93	417.65	319.87
19	516.30	430.46	329.68
20	532.21	443.72	339.84
21	548.67	457.45	350.35
22	548.67	457.45	350.35
23	548.67	457.45	350.35
24	548.67	457.45	350.35
25	550.86	459.28	351.75
26	561.84	468.43	358.75
27	575.01	479.40	367.16
28	596.40	497.24	380.83
29	613.96	511.88	392.04
30	622.74	519.20	397.64
31	635.91	530.18	406.05
32	649.08	541.16	414.46
33	657.31	548.02	419.71
34	666.08	555.34	425.32
35	670.47	559.00	428.12
36	674.86	562.66	430.93
37	679.25	566.32	433.73
38	683.64	569.98	436.53
39	692.42	577.30	442.14
40	701.20	584.62	447.74
41	714.37	595.60	456.15
42	726.99	606.12	464.21
43	744.54	620.75	475.42
44	766.49	639.05	489.43
45	792.28	660.55	505.90
46	823.00	686.17	525.52
47	857.57	714.99	547.59
48	897.07	747.92	572.82
49	936.03	780.40	597.69
50	979.92	817.00	625.72
51	1,023.27	853.14	653.39
52	1,071.00	892.94	683.87
53	1,119.28	933.19	714.71
54	1,171.41	976.65	747.99
55	1,223.53	1,020.11	781.27
56	1,280.04	1,067.22	817.36
57	1,337.11	1,114.80	853.79
58	1,398.01	1,165.57	892.68
59	1,428.19	1,190.73	911.95
60	1,489.09	1,241.51	950.84
61	1,541.76	1,285.42	984.47
62	1,576.33	1,314.24	1,006.54
63	1,619.67	1,350.38	1,034.22
64+	1,646.01	1,372.35	1,051.05

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

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Ambetter HMO Rates

Rates effective January 1, 2025

Region 19

San Diego County.

Age	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Off Exchange Ambetter HMO
0-14	404.70	337.42	258.42
15	440.68	367.41	281.39
16	454.43	378.88	290.17
17	468.19	390.34	298.95
18	483.00	402.69	308.41
19	497.81	415.04	317.87
20	513.15	427.84	327.67
21	529.02	441.07	337.80
22	529.02	441.07	337.80
23	529.02	441.07	337.80
24	529.02	441.07	337.80
25	531.14	442.83	339.15
26	541.72	451.65	345.91
27	554.42	462.24	354.02
28	575.05	479.44	367.19
29	591.98	493.55	378.00
30	600.44	500.61	383.40
31	613.14	511.20	391.51
32	625.84	521.78	399.62
33	633.77	528.40	404.69
34	642.24	535.46	410.09
35	646.47	538.98	412.79
36	650.70	542.51	415.50
37	654.93	546.04	418.20
38	659.16	549.57	420.90
39	667.63	556.63	426.31
40	676.09	563.68	431.71
41	688.79	574.27	439.82
42	700.96	584.41	447.59
43	717.89	598.53	458.40
44	739.05	616.17	471.91
45	763.91	636.90	487.79
46	793.54	661.60	506.70
47	826.86	689.39	527.98
48	864.95	721.15	552.31
49	902.51	752.46	576.29
50	944.84	787.75	603.31
51	986.63	822.59	630.00
52	1,032.65	860.96	659.39
53	1,079.21	899.78	689.12
54	1,129.47	941.68	721.21
55	1,179.72	983.58	753.30
56	1,234.21	1,029.01	788.09
57	1,289.23	1,074.88	823.22
58	1,347.95	1,123.84	860.72
59	1,377.05	1,148.10	879.30
60	1,435.77	1,197.06	916.79
61	1,486.56	1,239.40	949.22
62	1,519.89	1,267.19	970.50
63	1,561.68	1,302.03	997.19
64+	1,587.06	1,323.21	1,013.40

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.



Ambetter Plus Plans with Adult Dental and Vision

Ambetter PPO Plus Plans and Ambetter HMO Plus Plans are only available directly through Health Net and include adult dental and vision coverage at an additional cost. Rates vary by age and rating region and are included in each member's rate enrolled on the Plus Plan.

All family members ages 19+ at the start of the enrollment year will have access to adult dental and vision services on the Plus plans. Members who turn age 19 during the course of the year will have access to adult dental and vision services the following calendar year.

Pediatric dental and vision coverage is included for children ages 0-18 on all plans.



Ambetter PPO Plus plans with Adult Dental and Vision Rates

Ambetter PPO Plus Plans with Adult Dental and Vision

EFFECTIVE JANUARY 1, 2025

Ambetter PPO Plus Plans Rates

Rates effective January 1, 2025

Region 3

Placer¹, Sacramento and Yolo counties.

Age	Platinum 90 Ambetter PPO + Adult Dental & Vision	Gold 80 Ambetter PPO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter PPO + Adult Dental & Vision	Bronze 60 Ambetter PPO + Adult Dental & Vision	Bronze 60 HDHP Ambetter PPO + Adult Dental & Vision	Minimum Coverage Ambetter PPO + Adult Dental & Vision
0-14	697.10	546.17	418.04	322.42	319.84	255.12
15	759.07	594.71	455.20	351.08	348.27	277.80
16	782.76	613.28	469.40	362.04	359.14	286.47
17	806.45	631.84	483.61	373.00	370.01	295.14
18	831.97	651.83	498.91	384.80	381.72	304.48
19	857.48	671.82	514.21	396.60	393.42	313.81
20	883.91	692.52	530.06	408.82	405.55	323.49
21	911.24	713.94	546.45	421.46	418.09	333.49
22	911.24	713.94	546.45	421.46	418.09	333.49
23	911.24	713.94	546.45	421.46	418.09	333.49
24	911.24	713.94	546.45	421.46	418.09	333.49
25	914.89	716.80	548.64	423.15	419.76	334.82
26	933.11	731.08	559.57	431.58	428.13	341.49
27	954.98	748.21	572.68	441.69	438.16	349.50
28	990.52	776.06	593.99	458.13	454.47	362.50
29	1,019.68	798.90	611.48	471.62	467.85	373.18
30	1,034.26	810.32	620.22	478.36	474.53	378.51
31	1,056.13	827.46	633.34	488.48	484.57	386.52
32	1,078.00	844.59	646.45	498.59	494.60	394.52
33	1,091.67	855.30	654.65	504.91	500.87	399.52
34	1,106.25	866.73	663.39	511.66	507.56	404.86
35	1,113.54	872.44	667.77	515.03	510.91	407.52
36	1,120.83	878.15	672.14	518.40	514.25	410.19
37	1,128.12	883.86	676.51	521.77	517.60	412.86
38	1,135.41	889.57	680.88	525.14	520.94	415.53
39	1,149.99	900.99	689.62	531.89	527.63	420.86
40	1,164.57	912.42	698.37	538.63	534.32	426.20
41	1,186.44	929.55	711.48	548.75	544.36	434.20
42	1,207.40	945.97	724.05	558.44	553.97	441.87
43	1,236.56	968.82	741.54	571.93	567.35	452.55
44	1,273.01	997.38	763.39	588.78	584.07	465.89
45	1,315.84	1,030.93	789.08	608.59	603.73	481.56
46	1,366.87	1,070.91	819.68	632.20	627.14	500.24
47	1,424.27	1,115.89	854.11	658.75	653.48	521.25
48	1,489.88	1,167.30	893.45	689.09	683.58	545.26
49	1,554.58	1,217.99	932.25	719.02	713.27	568.93
50	1,627.48	1,275.10	975.97	752.73	746.71	595.61
51	1,699.47	1,331.50	1,019.13	786.03	779.74	621.96
52	1,778.75	1,393.62	1,066.68	822.70	816.12	650.97
53	1,858.94	1,456.44	1,114.76	859.79	852.91	680.32
54	1,945.51	1,524.27	1,166.68	899.83	892.63	712.00
55	2,032.07	1,592.09	1,218.59	939.86	932.35	743.68
56	2,125.93	1,665.63	1,274.87	983.28	975.41	778.03
57	2,220.70	1,739.88	1,331.71	1,027.11	1,018.89	812.72
58	2,321.85	1,819.12	1,392.36	1,073.89	1,065.30	849.73
59	2,371.97	1,858.39	1,422.42	1,097.07	1,088.29	868.07
60	2,473.12	1,937.64	1,483.07	1,143.85	1,134.70	905.09
61	2,560.59	2,006.18	1,535.53	1,184.31	1,174.84	937.11
62	2,618.00	2,051.16	1,569.96	1,210.87	1,201.18	958.12
63	2,689.99	2,107.56	1,613.13	1,244.16	1,234.21	984.46
64+	2,733.72	2,141.82	1,639.35	1,264.38	1,254.27	1,000.47

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Plus Plans Rates

Rates effective January 1, 2025

Region 15

Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935.

Age	Platinum 90 Ambetter PPO + Adult Dental & Vision	Gold 80 Ambetter PPO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter PPO + Adult Dental & Vision	Bronze 60 Ambetter PPO + Adult Dental & Vision	Bronze 60 HDHP Ambetter PPO + Adult Dental & Vision	Minimum Coverage Ambetter PPO + Adult Dental & Vision
0–14	469.79	368.07	281.73	217.29	215.55	171.93
15	511.55	400.79	306.77	236.60	234.71	187.21
16	527.52	413.30	316.34	243.99	242.03	193.06
17	543.49	425.81	325.92	251.37	249.36	198.90
18	560.68	439.28	336.23	259.32	257.25	205.19
19	577.88	452.76	346.54	267.28	265.14	211.49
20	595.69	466.71	357.22	275.51	273.31	218.00
21	614.11	481.14	368.27	284.04	281.76	224.75
22	614.11	481.14	368.27	284.04	281.76	224.75
23	614.11	481.14	368.27	284.04	281.76	224.75
24	614.11	481.14	368.27	284.04	281.76	224.75
25	616.57	483.07	369.74	285.17	282.89	225.65
26	628.85	492.69	377.11	290.85	288.53	230.14
27	643.59	504.24	385.95	297.67	295.29	235.54
28	667.54	523.00	400.31	308.75	306.28	244.30
29	687.19	538.40	412.09	317.84	315.29	251.49
30	697.01	546.10	417.98	322.38	319.80	255.09
31	711.75	557.65	426.82	329.20	326.56	260.48
32	726.49	569.19	435.66	336.01	333.33	265.88
33	735.70	576.41	441.19	340.27	337.55	269.25
34	745.53	584.11	447.08	344.82	342.06	272.84
35	750.44	587.96	450.02	347.09	344.31	274.64
36	755.36	591.81	452.97	349.36	346.57	276.44
37	760.27	595.66	455.92	351.64	348.82	278.24
38	765.18	599.50	458.86	353.91	351.08	280.04
39	775.01	607.20	464.75	358.45	355.58	283.63
40	784.83	614.90	470.65	363.00	360.09	287.23
41	799.57	626.45	479.49	369.81	366.86	292.62
42	813.70	637.52	487.96	376.35	373.34	297.79
43	833.35	652.91	499.74	385.44	382.35	304.98
44	857.91	672.16	514.47	396.80	393.62	313.97
45	886.77	694.77	531.78	410.15	406.87	324.54
46	921.17	721.72	552.40	426.05	422.64	337.12
47	959.85	752.03	575.60	443.95	440.40	351.28
48	1,004.07	786.67	602.12	464.40	460.68	367.46
49	1,047.67	820.83	628.27	484.56	480.69	383.42
50	1,096.80	859.32	657.73	507.29	503.23	401.40
51	1,145.32	897.33	686.82	529.73	525.49	419.15
52	1,198.74	939.19	718.86	554.44	550.00	438.71
53	1,252.78	981.53	751.27	579.43	574.80	458.48
54	1,311.12	1,027.24	786.25	606.41	601.56	479.84
55	1,369.47	1,072.95	821.24	633.40	628.33	501.19
56	1,432.72	1,122.51	859.17	662.65	657.35	524.34
57	1,496.59	1,172.55	897.47	692.19	686.66	547.71
58	1,564.75	1,225.95	938.35	723.72	717.93	572.66
59	1,598.53	1,252.42	958.60	739.34	733.43	585.02
60	1,666.69	1,305.82	999.48	770.87	764.70	609.96
61	1,725.65	1,352.01	1,034.83	798.14	791.75	631.54
62	1,764.34	1,382.33	1,058.04	816.03	809.50	645.70
63	1,812.85	1,420.34	1,087.13	838.47	831.76	663.45
64+	1,842.33	1,443.42	1,104.81	852.12	845.28	674.25

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Plus Plans Rates

Rates effective January 1, 2025

Region 16

Los Angeles County: ZIP codes not in region 15.

Age	Platinum 90 Ambetter PPO + Adult Dental & Vision	Gold 80 Ambetter PPO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter PPO + Adult Dental & Vision	Bronze 60 Ambetter PPO + Adult Dental & Vision	Bronze 60 HDHP Ambetter PPO + Adult Dental & Vision	Minimum Coverage Ambetter PPO + Adult Dental & Vision
0-14	614.20	481.21	368.32	284.08	281.80	224.78
15	668.80	523.99	401.06	309.33	306.85	244.76
16	689.67	540.34	413.58	318.98	316.43	252.40
17	710.55	556.70	426.10	328.64	326.01	260.04
18	733.03	574.31	439.58	339.04	336.32	268.27
19	755.51	591.93	453.06	349.43	346.64	276.49
20	778.79	610.17	467.02	360.20	357.32	285.02
21	802.88	629.04	481.47	371.34	368.37	293.83
22	802.88	629.04	481.47	371.34	368.37	293.83
23	802.88	629.04	481.47	371.34	368.37	293.83
24	802.88	629.04	481.47	371.34	368.37	293.83
25	806.09	631.55	483.39	372.83	369.85	295.01
26	822.15	644.14	493.02	380.25	377.21	300.88
27	841.41	659.23	504.58	389.17	386.05	307.93
28	872.73	683.76	523.36	403.65	400.42	319.39
29	898.42	703.89	538.76	415.53	412.21	328.80
30	911.26	713.96	546.47	421.47	418.10	333.50
31	930.53	729.06	558.02	430.39	426.94	340.55
32	949.80	744.15	569.58	439.30	435.78	347.60
33	961.85	753.59	576.80	444.87	441.31	352.01
34	974.69	763.65	584.50	450.81	447.20	356.71
35	981.12	768.69	588.35	453.78	450.15	359.06
36	987.54	773.72	592.21	456.75	453.10	361.41
37	993.96	778.75	596.06	459.72	456.04	363.76
38	1,000.38	783.78	599.91	462.69	458.99	366.11
39	1,013.23	793.85	607.61	468.63	464.89	370.81
40	1,026.08	803.91	615.32	474.58	470.78	375.52
41	1,045.35	819.01	626.87	483.49	479.62	382.57
42	1,063.81	833.48	637.94	492.03	488.09	389.33
43	1,089.50	853.61	653.35	503.91	499.88	398.73
44	1,121.62	878.77	672.61	518.77	514.62	410.48
45	1,159.35	908.33	695.24	536.22	531.93	424.29
46	1,204.31	943.56	722.20	557.01	552.56	440.75
47	1,254.90	983.19	752.53	580.41	575.76	459.26
48	1,312.70	1,028.48	787.20	607.14	602.29	480.41
49	1,369.71	1,073.14	821.38	633.51	628.44	501.28
50	1,433.94	1,123.46	859.90	663.22	657.91	524.78
51	1,497.36	1,173.16	897.94	692.55	687.01	547.99
52	1,567.21	1,227.88	939.82	724.86	719.06	573.56
53	1,637.87	1,283.24	982.19	757.54	751.48	599.41
54	1,714.14	1,343.00	1,027.93	792.82	786.47	627.33
55	1,790.41	1,402.76	1,073.67	828.09	821.47	655.24
56	1,873.11	1,467.55	1,123.26	866.34	859.41	685.51
57	1,956.61	1,532.97	1,173.34	904.96	897.72	716.07
58	2,045.73	1,602.79	1,226.78	946.18	938.61	748.68
59	2,089.89	1,637.39	1,253.26	966.60	958.87	764.84
60	2,179.01	1,707.21	1,306.70	1,007.82	999.76	797.46
61	2,256.08	1,767.60	1,352.92	1,043.47	1,035.12	825.66
62	2,306.66	1,807.23	1,383.26	1,066.87	1,058.33	844.18
63	2,370.09	1,856.92	1,421.29	1,096.20	1,087.43	867.39
64+	2,408.64	1,887.12	1,444.41	1,114.02	1,105.11	881.49

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Plus Plans Rates

Rates effective January 1, 2025

Region 17

Riverside¹ and San Bernardino¹ counties.

Age	Platinum 90 Ambetter PPO + Adult Dental & Vision	Gold 80 Ambetter PPO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter PPO + Adult Dental & Vision	Bronze 60 Ambetter PPO + Adult Dental & Vision	Bronze 60 HDHP Ambetter PPO + Adult Dental & Vision	Minimum Coverage Ambetter PPO + Adult Dental & Vision
0-14	475.13	372.26	284.93	219.76	218.00	173.89
15	517.37	405.35	310.25	239.29	237.38	189.34
16	533.51	418.00	319.94	246.76	244.78	195.25
17	549.66	430.65	329.62	254.23	252.19	201.16
18	567.05	444.28	340.05	262.27	260.17	207.53
19	584.44	457.90	350.48	270.31	268.15	213.89
20	602.46	472.01	361.28	278.64	276.42	220.48
21	621.09	486.61	372.45	287.26	284.96	227.30
22	621.09	486.61	372.45	287.26	284.96	227.30
23	621.09	486.61	372.45	287.26	284.96	227.30
24	621.09	486.61	372.45	287.26	284.96	227.30
25	623.57	488.56	373.94	288.41	286.10	228.21
26	635.99	498.29	381.39	294.16	291.80	232.76
27	650.90	509.97	390.33	301.05	298.64	238.21
28	675.12	528.95	404.86	312.25	309.76	247.08
29	695.00	544.52	416.77	321.45	318.88	254.35
30	704.93	552.30	422.73	326.04	323.43	257.99
31	719.84	563.98	431.67	332.94	330.27	263.44
32	734.75	575.66	440.61	339.83	337.11	268.90
33	744.06	582.96	446.20	344.14	341.39	272.31
34	754.00	590.75	452.16	348.74	345.95	275.94
35	758.97	594.64	455.14	351.03	348.23	277.76
36	763.94	598.53	458.12	353.33	350.51	279.58
37	768.91	602.42	461.10	355.63	352.79	281.40
38	773.88	606.32	464.08	357.93	355.07	283.22
39	783.81	614.10	470.04	362.53	359.62	286.85
40	793.75	621.89	475.99	367.12	364.18	290.49
41	808.66	633.57	484.93	374.02	371.02	295.95
42	822.94	644.76	493.50	380.62	377.58	301.17
43	842.82	660.33	505.42	389.82	386.70	308.45
44	867.66	679.79	520.32	401.31	398.10	317.54
45	896.85	702.67	537.82	414.81	411.49	328.22
46	931.63	729.92	558.68	430.89	427.45	340.95
47	970.76	760.57	582.14	448.99	445.40	355.27
48	1,015.48	795.61	608.96	469.67	465.92	371.64
49	1,059.58	830.16	635.40	490.07	486.15	387.78
50	1,109.26	869.09	665.20	513.05	508.95	405.96
51	1,158.33	907.53	694.62	535.74	531.46	423.92
52	1,212.36	949.86	727.03	560.74	556.25	443.69
53	1,267.02	992.69	759.80	586.02	581.33	463.69
54	1,326.02	1,038.91	795.19	613.31	608.40	485.29
55	1,385.03	1,085.14	830.57	640.60	635.47	506.88
56	1,449.00	1,135.26	868.93	670.18	664.82	530.29
57	1,513.59	1,185.87	907.67	700.06	694.46	553.93
58	1,582.53	1,239.88	949.01	731.94	726.09	579.16
59	1,616.69	1,266.65	969.49	747.74	741.76	591.66
60	1,685.63	1,320.66	1,010.84	779.63	773.39	616.90
61	1,745.26	1,367.38	1,046.59	807.21	800.75	638.72
62	1,784.39	1,398.03	1,070.06	825.30	818.70	653.04
63	1,833.45	1,436.47	1,099.48	848.00	841.21	670.99
64+	1,863.27	1,459.83	1,117.35	861.78	854.88	681.90

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Plus Plans Rates

Rates effective January 1, 2025

Region
18

Orange County.

Age	Platinum 90 Ambetter PPO + Adult Dental & Vision	Gold 80 Ambetter PPO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter PPO + Adult Dental & Vision	Bronze 60 Ambetter PPO + Adult Dental & Vision	Bronze 60 HDHP Ambetter PPO + Adult Dental & Vision	Minimum Coverage Ambetter PPO + Adult Dental & Vision
0-14	604.50	473.61	362.50	279.59	277.35	221.23
15	658.23	515.71	394.73	304.44	302.01	240.89
16	678.77	531.81	407.05	313.94	311.43	248.41
17	699.32	547.90	419.37	323.45	320.86	255.93
18	721.45	565.24	432.63	333.68	331.01	264.03
19	743.57	582.57	445.90	343.91	341.16	272.13
20	766.49	600.53	459.65	354.51	351.68	280.51
21	790.19	619.10	473.86	365.48	362.55	289.19
22	790.19	619.10	473.86	365.48	362.55	289.19
23	790.19	619.10	473.86	365.48	362.55	289.19
24	790.19	619.10	473.86	365.48	362.55	289.19
25	793.35	621.58	475.76	366.94	364.00	290.35
26	809.16	633.96	485.23	374.25	371.25	296.13
27	828.12	648.82	496.61	383.02	379.95	303.07
28	858.94	672.96	515.09	397.27	394.09	314.35
29	884.22	692.77	530.25	408.97	405.70	323.60
30	896.87	702.68	537.83	414.81	411.50	328.23
31	915.83	717.54	549.20	423.59	420.20	335.17
32	934.80	732.40	560.58	432.36	428.90	342.11
33	946.65	741.68	567.69	437.84	434.34	346.45
34	959.29	751.59	575.27	443.69	440.14	351.07
35	965.61	756.54	579.06	446.61	443.04	353.39
36	971.94	761.49	582.85	449.53	445.94	355.70
37	978.26	766.45	586.64	452.46	448.84	358.02
38	984.58	771.40	590.43	455.38	451.74	360.33
39	997.22	781.30	598.01	461.23	457.54	364.96
40	1,009.87	791.21	605.59	467.08	463.34	369.58
41	1,028.83	806.07	616.97	475.85	472.04	376.52
42	1,047.00	820.31	627.87	484.26	480.38	383.17
43	1,072.29	840.12	643.03	495.95	491.98	392.43
44	1,103.90	864.88	661.98	510.57	506.48	404.00
45	1,141.04	893.98	684.26	527.75	523.52	417.59
46	1,185.29	928.65	710.79	548.21	543.83	433.78
47	1,235.07	967.65	740.64	571.24	566.67	452.00
48	1,291.96	1,012.23	774.76	597.55	592.77	472.82
49	1,348.07	1,056.19	808.41	623.50	618.51	493.36
50	1,411.28	1,105.71	846.32	652.74	647.52	516.49
51	1,473.71	1,154.62	883.75	681.61	676.16	539.34
52	1,542.45	1,208.48	924.98	713.41	707.70	564.50
53	1,611.99	1,262.96	966.68	745.57	739.61	589.94
54	1,687.06	1,321.78	1,011.69	780.29	774.05	617.42
55	1,762.13	1,380.59	1,056.71	815.01	808.49	644.89
56	1,843.52	1,444.36	1,105.52	852.65	845.83	674.68
57	1,925.70	1,508.75	1,154.80	890.66	883.54	704.75
58	2,013.41	1,577.47	1,207.40	931.23	923.78	736.85
59	2,056.87	1,611.52	1,233.46	951.33	943.72	752.76
60	2,144.58	1,680.24	1,286.06	991.90	983.97	784.86
61	2,220.44	1,739.67	1,331.55	1,026.99	1,018.77	812.62
62	2,270.22	1,778.68	1,361.40	1,050.01	1,041.61	830.84
63	2,332.65	1,827.58	1,398.84	1,078.88	1,070.25	853.68
64+	2,370.57	1,857.30	1,421.58	1,096.44	1,087.65	867.57

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter PPO Plus Plans Rates

Rates effective January 1, 2025

Region 19

San Diego County.

Age	Platinum 90 Ambetter PPO + Adult Dental & Vision	Gold 80 Ambetter PPO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter PPO + Adult Dental & Vision	Bronze 60 Ambetter PPO + Adult Dental & Vision	Bronze 60 HDHP Ambetter PPO + Adult Dental & Vision	Minimum Coverage Ambetter PPO + Adult Dental & Vision
0-14	625.00	489.68	374.80	289.07	286.76	228.73
15	680.56	533.20	408.11	314.77	312.25	249.06
16	701.80	549.84	420.85	324.59	321.99	256.84
17	723.04	566.49	433.59	334.42	331.74	264.61
18	745.91	584.41	447.31	345.00	342.24	272.98
19	768.79	602.33	461.03	355.58	352.73	281.36
20	792.48	620.90	475.23	366.54	363.60	290.03
21	816.99	640.10	489.93	377.87	374.85	299.00
22	816.99	640.10	489.93	377.87	374.85	299.00
23	816.99	640.10	489.93	377.87	374.85	299.00
24	816.99	640.10	489.93	377.87	374.85	299.00
25	820.26	642.66	491.89	379.38	376.35	300.19
26	836.60	655.46	501.69	386.94	383.84	306.17
27	856.21	670.82	513.45	396.01	392.84	313.35
28	888.07	695.79	532.56	410.75	407.46	325.01
29	914.21	716.27	548.23	422.84	419.46	334.58
30	927.29	726.51	556.07	428.88	425.45	339.36
31	946.89	741.87	567.83	437.95	434.45	346.54
32	966.50	757.24	579.59	447.02	443.45	353.71
33	978.76	766.84	586.94	452.69	449.07	358.20
34	991.83	777.08	594.78	458.74	455.07	362.98
35	998.37	782.20	598.70	461.76	458.06	365.37
36	1,004.90	787.32	602.62	464.78	461.06	367.77
37	1,011.44	792.44	606.54	467.80	464.06	370.16
38	1,017.97	797.56	610.46	470.83	467.06	372.55
39	1,031.04	807.80	618.30	476.87	473.06	377.33
40	1,044.12	818.05	626.13	482.92	479.06	382.12
41	1,063.72	833.41	637.89	491.99	488.05	389.29
42	1,082.52	848.13	649.16	500.68	496.67	396.17
43	1,108.66	868.61	664.84	512.77	508.67	405.74
44	1,141.34	894.22	684.44	527.89	523.66	417.70
45	1,179.74	924.30	707.46	545.65	541.28	431.75
46	1,225.49	960.15	734.90	566.81	562.27	448.50
47	1,276.96	1,000.47	765.77	590.61	585.89	467.33
48	1,335.78	1,046.56	801.04	617.82	612.88	488.86
49	1,393.79	1,092.01	835.83	644.65	639.49	510.09
50	1,459.15	1,143.22	875.02	674.88	669.48	534.01
51	1,523.69	1,193.78	913.72	704.73	699.09	557.63
52	1,594.77	1,249.47	956.35	737.61	731.70	583.64
53	1,666.67	1,305.80	999.46	770.86	764.69	609.95
54	1,744.28	1,366.61	1,046.01	806.76	800.30	638.36
55	1,821.89	1,427.42	1,092.55	842.65	835.91	666.76
56	1,906.04	1,493.35	1,143.01	881.57	874.52	697.56
57	1,991.01	1,559.92	1,193.97	920.87	913.51	728.66
58	2,081.70	1,630.97	1,248.35	962.82	955.11	761.84
59	2,126.63	1,666.18	1,275.30	983.60	975.73	778.29
60	2,217.32	1,737.23	1,329.68	1,025.54	1,017.34	811.48
61	2,295.75	1,798.68	1,376.71	1,061.82	1,053.32	840.18
62	2,347.22	1,839.00	1,407.58	1,085.62	1,076.94	859.02
63	2,411.76	1,889.57	1,446.28	1,115.48	1,106.55	882.64
64+	2,450.97	1,920.30	1,469.79	1,133.61	1,124.55	897.00

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.



Ambetter HMO Plus Plans with Adult Dental and Vision

EFFECTIVE JANUARY 1, 2025

Ambetter HMO Plus Plans Rates

Rates effective January 1, 2025

Region
13

Imperial County.

Age	Platinum 90 Ambetter HMO + Adult Dental & Vision	Gold 80 Ambetter HMO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter HMO + Adult Dental & Vision	Bronze 60 Ambetter HMO + Adult Dental & Vision	Minimum Coverage Ambetter HMO + Adult Dental & Vision
0-14	423.98	353.49	270.72	208.80	165.22
15	461.66	384.91	294.79	227.36	179.90
16	476.07	396.92	303.99	234.46	185.52
17	490.48	408.93	313.19	241.55	191.13
18	506.00	421.87	323.10	249.20	197.18
19	521.52	434.81	333.01	256.84	203.23
20	537.59	448.21	343.27	264.76	209.49
21	554.22	462.07	353.89	272.94	215.97
22	554.22	462.07	353.89	272.94	215.97
23	554.22	462.07	353.89	272.94	215.97
24	554.22	462.07	353.89	272.94	215.97
25	556.43	463.92	355.30	274.04	216.84
26	567.52	473.16	362.38	279.49	221.15
27	580.82	484.25	370.87	286.04	226.34
28	602.43	502.27	384.68	296.69	234.76
29	620.17	517.06	396.00	305.42	241.67
30	629.04	524.45	401.66	309.79	245.13
31	642.34	535.54	410.16	316.34	250.31
32	655.64	546.63	418.65	322.89	255.49
33	663.95	553.56	423.96	326.99	258.73
34	672.82	560.96	429.62	331.35	262.19
35	677.25	564.65	432.45	333.54	263.92
36	681.69	568.35	435.28	335.72	265.64
37	686.12	572.05	438.11	337.90	267.37
38	690.55	575.74	440.94	340.09	269.10
39	699.42	583.13	446.61	344.45	272.56
40	708.29	590.53	452.27	348.82	276.01
41	721.59	601.62	460.76	355.37	281.19
42	734.34	612.25	468.90	361.65	286.16
43	752.07	627.03	480.23	370.38	293.07
44	774.24	645.51	494.38	381.30	301.71
45	800.29	667.23	511.01	394.13	311.86
46	831.33	693.11	530.83	409.42	323.96
47	866.24	722.22	553.13	426.61	337.56
48	906.14	755.49	578.61	446.26	353.11
49	945.49	788.29	603.73	465.64	368.45
50	989.83	825.26	632.04	487.48	385.72
51	1,033.61	861.76	660.00	509.04	402.79
52	1,081.83	901.96	690.79	532.79	421.58
53	1,130.60	942.63	721.93	556.80	440.58
54	1,183.25	986.52	755.55	582.73	461.10
55	1,235.90	1,030.42	789.17	608.66	481.62
56	1,292.99	1,078.01	825.62	636.78	503.86
57	1,350.63	1,126.07	862.43	665.16	526.32
58	1,412.14	1,177.36	901.71	695.46	550.29
59	1,442.63	1,202.77	921.17	710.47	562.17
60	1,504.14	1,254.06	960.45	740.77	586.15
61	1,557.35	1,298.42	994.43	766.97	606.88
62	1,592.26	1,327.53	1,016.72	784.17	620.49
63	1,636.05	1,364.04	1,044.68	805.73	637.55
64+	1,662.66	1,386.21	1,061.67	818.82	647.91

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter HMO Plus Plans Rates

Rates effective January 1, 2025

Region

14

Kern County.¹

Age	Platinum 90 Ambetter HMO + Adult Dental & Vision	Gold 80 Ambetter HMO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter HMO + Adult Dental & Vision	Bronze 60 Ambetter HMO + Adult Dental & Vision	Minimum Coverage Ambetter HMO + Adult Dental & Vision
0-14	406.46	338.88	259.54	200.18	158.39
15	442.59	369.01	282.61	217.97	172.47
16	456.41	380.52	291.43	224.77	177.86
17	470.22	392.04	300.25	231.58	183.24
18	485.10	404.45	309.75	238.90	189.04
19	499.98	416.85	319.25	246.23	194.83
20	515.38	429.70	329.09	253.82	200.84
21	531.32	442.99	339.27	261.67	207.05
22	531.32	442.99	339.27	261.67	207.05
23	531.32	442.99	339.27	261.67	207.05
24	531.32	442.99	339.27	261.67	207.05
25	533.45	444.76	340.63	262.72	207.88
26	544.08	453.62	347.41	267.95	212.02
27	556.83	464.25	355.56	274.23	216.99
28	577.55	481.52	368.79	284.43	225.06
29	594.55	495.70	379.64	292.81	231.69
30	603.05	502.79	385.07	296.99	235.00
31	615.80	513.42	393.21	303.27	239.97
32	628.56	524.05	401.36	309.55	244.94
33	636.53	530.70	406.45	313.48	248.05
34	645.03	537.78	411.87	317.67	251.36
35	649.28	541.33	414.59	319.76	253.02
36	653.53	544.87	417.30	321.85	254.67
37	657.78	548.42	420.02	323.95	256.33
38	662.03	551.96	422.73	326.04	257.98
39	670.53	559.05	428.16	330.23	261.30
40	679.03	566.13	433.59	334.41	264.61
41	691.78	576.77	441.73	340.69	269.58
42	704.00	586.96	449.53	346.71	274.34
43	721.01	601.13	460.39	355.08	280.97
44	742.26	618.85	473.96	365.55	289.25
45	767.23	639.67	489.91	377.85	298.98
46	796.99	664.48	508.91	392.50	310.58
47	830.46	692.39	530.28	408.99	323.62
48	868.71	724.28	554.71	427.83	338.53
49	906.44	755.73	578.79	446.41	353.23
50	948.94	791.17	605.94	467.34	369.79
51	990.92	826.17	632.74	488.01	386.15
52	1,037.14	864.71	662.26	510.78	404.16
53	1,083.90	903.69	692.11	533.80	422.38
54	1,134.38	945.77	724.34	558.66	442.05
55	1,184.85	987.86	756.57	583.52	461.72
56	1,239.58	1,033.48	791.52	610.47	483.05
57	1,294.84	1,079.55	826.80	637.69	504.58
58	1,353.81	1,128.73	864.46	666.73	527.56
59	1,383.04	1,153.09	883.12	681.12	538.95
60	1,442.01	1,202.26	920.78	710.17	561.93
61	1,493.02	1,244.79	953.35	735.29	581.81
62	1,526.49	1,272.70	974.72	751.77	594.85
63	1,568.47	1,307.69	1,001.53	772.45	611.21
64+	1,593.96	1,328.97	1,017.81	785.01	621.15

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter HMO Plus Plans Rates

Rates effective January 1, 2025

Region 15

Los Angeles County: ZIP codes starting with 906–912, 915, 917, 918, 935.

Age	Platinum 90 Ambetter HMO + Adult Dental & Vision	Gold 80 Ambetter HMO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter HMO + Adult Dental & Vision
0–14	350.62	292.32	223.88
15	381.78	318.31	243.78
16	393.70	328.24	251.39
17	405.61	338.18	259.00
18	418.45	348.88	267.19
19	431.28	359.57	275.39
20	444.57	370.66	283.88
21	458.32	382.12	292.66
22	458.32	382.12	292.66
23	458.32	382.12	292.66
24	458.32	382.12	292.66
25	460.15	383.65	293.83
26	469.32	391.29	299.68
27	480.32	400.46	306.70
28	498.19	415.36	318.12
29	512.86	427.59	327.48
30	520.19	433.71	332.16
31	531.19	442.88	339.19
32	542.19	452.05	346.21
33	549.07	457.78	350.60
34	556.40	463.89	355.28
35	560.07	466.95	357.62
36	563.73	470.01	359.97
37	567.40	473.06	362.31
38	571.07	476.12	364.65
39	578.40	482.24	369.33
40	585.73	488.35	374.01
41	596.73	497.52	381.04
42	607.28	506.31	387.77
43	621.94	518.54	397.13
44	640.27	533.82	408.84
45	661.82	551.78	422.59
46	687.48	573.18	438.98
47	716.36	597.25	457.42
48	749.35	624.77	478.49
49	781.90	651.90	499.27
50	818.56	682.47	522.68
51	854.77	712.65	545.80
52	894.64	745.90	571.26
53	934.97	779.52	597.02
54	978.52	815.83	624.82
55	1,022.06	852.13	652.62
56	1,069.26	891.49	682.76
57	1,116.93	931.23	713.20
58	1,167.80	973.64	745.69
59	1,193.01	994.66	761.78
60	1,243.88	1,037.07	794.27
61	1,287.88	1,073.76	822.36
62	1,316.76	1,097.83	840.80
63	1,352.96	1,128.02	863.92
64+	1,374.96	1,146.36	877.98

Region 16

Los Angeles County: ZIP codes not in Region 15.

Age	Platinum 90 Ambetter HMO + Adult Dental & Vision	Gold 80 Ambetter HMO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter HMO + Adult Dental & Vision
0–14	391.39	326.31	249.92
15	426.18	355.32	272.13
16	439.48	366.41	280.62
17	452.78	377.50	289.12
18	467.11	389.44	298.27
19	481.43	401.39	307.41
20	496.27	413.76	316.89
21	511.62	426.55	326.69
22	511.62	426.55	326.69
23	511.62	426.55	326.69
24	511.62	426.55	326.69
25	513.66	428.26	327.99
26	523.90	436.79	334.53
27	536.17	447.03	342.37
28	556.13	463.67	355.11
29	572.50	477.31	365.56
30	580.69	484.14	370.79
31	592.96	494.38	378.63
32	605.24	504.61	386.47
33	612.92	511.01	391.37
34	621.10	517.84	396.60
35	625.20	521.25	399.21
36	629.29	524.66	401.82
37	633.38	528.07	404.44
38	637.47	531.49	407.05
39	645.66	538.31	412.28
40	653.85	545.14	417.51
41	666.13	555.37	425.35
42	677.89	565.19	432.86
43	694.26	578.83	443.31
44	714.73	595.90	456.38
45	738.78	615.95	471.74
46	767.43	639.83	490.03
47	799.66	666.71	510.61
48	836.49	697.42	534.13
49	872.82	727.70	557.33
50	913.75	761.83	583.46
51	954.17	795.52	609.27
52	998.68	832.64	637.69
53	1,043.70	870.17	666.44
54	1,092.30	910.69	697.48
55	1,140.91	951.22	728.51
56	1,193.60	995.15	762.16
57	1,246.81	1,039.51	796.14
58	1,303.60	1,086.86	832.40
59	1,331.74	1,110.32	850.37
60	1,388.53	1,157.67	886.63
61	1,437.64	1,198.62	917.99
62	1,469.88	1,225.49	938.57
63	1,510.29	1,259.19	964.38
64+	1,534.86	1,279.65	980.07

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter HMO Plus Plans Rates

Rates effective January 1, 2025

Region 17

Riverside¹ and San Bernardino¹ counties.

Age	Platinum 90 Ambetter HMO + Adult Dental & Vision	Gold 80 Ambetter HMO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter HMO + Adult Dental & Vision
0–14	354.56	295.61	226.40
15	386.08	321.89	246.52
16	398.13	331.93	254.22
17	410.18	341.98	261.91
18	423.15	352.80	270.20
19	436.13	363.62	278.49
20	449.57	374.83	287.07
21	463.48	386.42	295.95
22	463.48	386.42	295.95
23	463.48	386.42	295.95
24	463.48	386.42	295.95
25	465.33	387.96	297.13
26	474.60	395.69	303.05
27	485.72	404.97	310.15
28	503.80	420.04	321.69
29	518.63	432.40	331.16
30	526.05	438.58	335.90
31	537.17	447.86	343.00
32	548.29	457.13	350.11
33	555.24	462.93	354.54
34	562.66	469.11	359.28
35	566.37	472.20	361.65
36	570.08	475.29	364.02
37	573.78	478.39	366.38
38	577.49	481.48	368.75
39	584.91	487.66	373.49
40	592.32	493.84	378.22
41	603.45	503.12	385.32
42	614.11	512.00	392.13
43	628.94	524.37	401.60
44	647.48	539.83	413.44
45	669.26	557.99	427.35
46	695.21	579.63	443.92
47	724.41	603.97	462.57
48	757.78	631.79	483.87
49	790.69	659.23	504.89
50	827.77	690.14	528.56
51	864.38	720.67	551.94
52	904.71	754.29	577.69
53	945.49	788.29	603.73
54	989.52	825.00	631.85
55	1,033.55	861.71	659.96
56	1,081.29	901.51	690.44
57	1,129.49	941.70	721.22
58	1,180.94	984.59	754.07
59	1,206.43	1,005.85	770.35
60	1,257.88	1,048.74	803.20
61	1,302.37	1,085.84	831.61
62	1,331.57	1,110.18	850.26
63	1,368.18	1,140.71	873.64
64+	1,390.44	1,159.26	887.85

Region 18

Orange County.

Age	Platinum 90 Ambetter HMO + Adult Dental & Vision	Gold 80 Ambetter HMO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter HMO + Adult Dental & Vision
0–14	426.69	355.75	272.46
15	464.62	387.37	296.68
16	479.12	399.46	305.94
17	493.62	411.55	315.20
18	509.24	424.57	325.17
19	524.86	437.59	335.14
20	541.03	451.08	345.47
21	557.77	465.03	356.16
22	557.77	465.03	356.16
23	557.77	465.03	356.16
24	557.77	465.03	356.16
25	560.00	466.89	357.58
26	571.15	476.19	364.70
27	584.54	487.35	373.25
28	606.29	505.49	387.14
29	624.14	520.37	398.54
30	633.07	527.81	404.24
31	646.45	538.97	412.78
32	659.84	550.13	421.33
33	668.20	557.11	426.67
34	677.13	564.55	432.37
35	681.59	568.27	435.22
36	686.05	571.99	438.07
37	690.52	575.71	440.92
38	694.98	579.43	443.77
39	703.90	586.87	449.47
40	712.83	594.31	455.17
41	726.21	605.47	463.71
42	739.04	616.17	471.91
43	756.89	631.05	483.30
44	779.20	649.65	497.55
45	805.42	671.51	514.29
46	836.65	697.55	534.23
47	871.79	726.84	556.67
48	911.95	760.33	582.31
49	951.55	793.34	607.60
50	996.17	830.55	636.09
51	1,040.24	867.28	664.23
52	1,088.76	907.74	695.21
53	1,137.84	948.66	726.56
54	1,190.83	992.84	760.39
55	1,243.82	1,037.02	794.23
56	1,301.27	1,084.92	830.91
57	1,359.28	1,133.28	867.95
58	1,421.19	1,184.90	907.48
59	1,451.87	1,210.48	927.07
60	1,513.78	1,262.10	966.61
61	1,567.32	1,306.74	1,000.80
62	1,602.46	1,336.04	1,023.23
63	1,646.53	1,372.77	1,051.37
64+	1,673.31	1,395.09	1,068.48

¹Partial county only. See page 2 for list of ZIP codes where plans are available.

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Ambetter HMO Plus Plans Rates

Rates effective January 1, 2025

Region 19

San Diego County.

Age	Platinum 90 Ambetter HMO + Adult Dental & Vision	Gold 80 Ambetter HMO + Adult Dental & Vision	Silver 70 Off Exchange Ambetter HMO + Adult Dental & Vision
0-14	411.41	343.01	262.70
15	447.98	373.50	286.05
16	461.97	385.16	294.98
17	475.95	396.82	303.91
18	491.01	409.37	313.53
19	506.07	421.93	323.14
20	521.66	434.93	333.10
21	537.80	448.38	343.40
22	537.80	448.38	343.40
23	537.80	448.38	343.40
24	537.80	448.38	343.40
25	539.95	450.17	344.78
26	550.70	459.14	351.64
27	563.61	469.90	359.89
28	584.58	487.39	373.28
29	601.79	501.74	384.27
30	610.40	508.91	389.76
31	623.31	519.67	398.00
32	636.21	530.44	406.25
33	644.28	537.16	411.40
34	652.88	544.34	416.89
35	657.19	547.92	419.64
36	661.49	551.51	422.39
37	665.79	555.10	425.13
38	670.09	558.68	427.88
39	678.70	565.86	433.37
40	687.30	573.03	438.87
41	700.21	583.79	447.11
42	712.58	594.11	455.01
43	729.79	608.45	466.00
44	751.30	626.39	479.73
45	776.58	647.46	495.87
46	806.69	672.57	515.10
47	840.58	700.82	536.74
48	879.30	733.10	561.46
49	917.48	764.94	585.85
50	960.50	800.81	613.32
51	1,002.99	836.23	640.45
52	1,049.78	875.24	670.32
53	1,097.10	914.70	700.54
54	1,148.19	957.29	733.17
55	1,199.29	999.89	765.79
56	1,254.68	1,046.07	801.16
57	1,310.61	1,092.71	836.87
58	1,370.30	1,142.48	874.99
59	1,399.88	1,167.14	893.88
60	1,459.58	1,216.91	932.00
61	1,511.21	1,259.95	964.96
62	1,545.09	1,288.20	986.60
63	1,587.57	1,323.62	1,013.73
64+	1,613.40	1,345.14	1,030.20

Refer to page 2 for county details. For covered services that are subject to the deductible, Health Net will begin to pay those covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible. Rates effective January 1, 2025. These rates are effective for all of 2025 and do not change for a birth date during the year. To be eligible for the Minimum Coverage plan, you must be under age 30 or have a certificate showing exemption from the federal requirement to maintain minimum essential coverage. Rates subject to change.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, gender affirming care, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Individual & Family Plan (IFP) Members On Exchange/Covered California 1-888-926-4988 (TTY: 711)

Individual & Family Plan (IFP) Members Off Exchange 1-800-839-2172 (TTY: 711)

Individual & Family Plan (IFP) Applicants 1-877-609-8711 (TTY: 711)

Group Plans through Health Net 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances
PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Members) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711). For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

Arabic

خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المبين على بطاقتك أو الاتصال بالرقم الفرعي لخطة الأفراد والعائلة: (TTY: 711) 1-800-839-2172. للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: (TTY: 711) 1-888-926-4988. لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم (TTY: 711) 1-800-522-0088.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝ 1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆոռնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի Խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 հեռախոսահամարով (TTY՝ 711):

Chinese

免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（聽障專線：711）。

Hindi

बिना शुल्क भाषा सेवाएं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

Hmong

Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntauv rau koj ua koj hom lus hais. Txhawm rau pab, hu xovtoo rau Neeg Qhua Lub Chaw Tiv Toj Ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Kev Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (TTY: 711).

Japanese

無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターまでお問い合わせいただくか、Individual & Family Plan (IFP) (個人・家族向けプラン) Off Exchange: 1-800-839-2172 (TTY: 711) までお電話ください。カリフォルニア州のマーケットプレイスについては、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business 1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、1-800-522-0088 (TTY: 711) までお電話ください。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (TTY: 711)។

Korean

무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로 고객센터 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

Navajo

Doo bą́ąh ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóot'íí. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídooltah nínízingo t'áá ná ákódoolnít. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyéhíjí' hodíílnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kojí' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojí' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojí' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojí' hólne' 1-800-522-0088 (TTY: 711).

Persian (Farsi)

خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برایتان خوانده شوند. برای دریافت کمک، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (Off Exchange) IFP به شماره: 1-800-839-2172 (TTY:711) تماس بگیرید. برای بازار کالیفرنیا، با IFP On Exchange شماره 1-888-926-4988 (TTY:711) یا کسب و کار کوچک 1-888-926-5133 (TTY:711) تماس بگیرید. برای طرح های گروهی از طریق Health Net، با 1-800-522-0088 (TTY:711) تماس بگیرید.

Punjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਐਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੇਲ ਬਿਜਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੇਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленным на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленным на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรทัก TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรทัก TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรทัก TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรทัก TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017549EH00 (12/17)

For more information, please contact:

Health Net

PO Box 9103

Van Nuys, CA 91409-9103

Individual & Family Plans

For more information, please call 877-618-3870.

Assistance for the hearing and speech impaired

TTY: 711

www.myhealthnetca.com