

# Broker Portfolio Guide

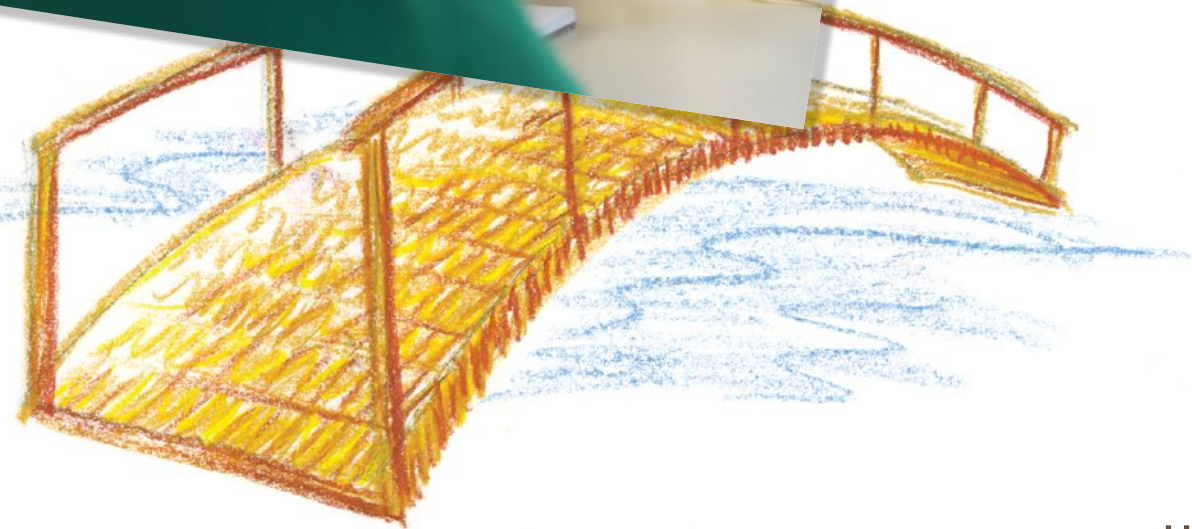
*Health Net Small Group plans – the intersection of perfect-fit coverage and price*

**Effective January 1, 2019**  
**Renewals and New Business**



**Geoffrey Gomez,**  
**Health Net**

*We invest in your business  
by creating health plans  
that your clients want.*



# Table of Contents

<i>Speeding Sales with Online Quoting Tools</i> .....	3
<i>Simplifying Renewals for You</i> .....	4
<i>2019 Portfolio Highlights</i> .....	5
Health Net CommunityCare .....	5
PPO plans .....	7
Standard plans .....	7
Deductible updates by metal tier.....	7
Enhanced Choice.....	8
January 2019 plan changes and additions .....	8
<i>Plan Benefit Grids</i> .....	9
CommunityCare 1T Plans.....	10
CommunityCare 3T Plans.....	12
PPO Plans.....	16
High-Deductible Plans.....	20
Standard Plans.....	22
Pharmacy.....	24
<i>Ancillary Products</i> .....	25
Pediatric Vision and Dental .....	26
Optional Vision .....	28
Optional Dental .....	29
WellNet .....	30
<i>More Than an ID Card</i> .....	31
Health Net Member Extras.....	32
Decision Power®: Health & Wellness.....	32
Nurse Advice Line.....	32
Active&Fit .....	32
Health Net online and on the go.....	33
Employer time-savers.....	33
Time-savers for you .....	33
<i>Footnotes</i> .....	34

# Speeding Sales *with* Online Quoting Tools

Two online quoting tools available to turbocharge your sales! Now you have two ways to obtain Health Net Small Group quotes.

## *Sales Web Portal*

With Sales Web Portal, you're on the fast track to:

- Generate quotes fast – minimal information needed.
- View, compare and quote a full range of health benefits, including Medical, Dental, Vision, and Life – giving you the power to cross-sell and expand your business.
- Easily upload your census directly into our quoting tool.

Come to the Broker Hub – [www.healthnet.com/thehub](http://www.healthnet.com/thehub) – to watch the Sales Web Portal mini movie and tour, plus handy how-to videos that walk you through the key areas of Sales Web Portal. You can watch a quote setup, and learn how to complete a census and generate proposals!

Then, check out Sales Web Portal yourself to find out just how easy it is to quote online today! Start by logging in to your broker account. Then:

1. From the menu bar: Click on *Sales Tools and Quoting*.
2. Under Small Business Groups: Click on *SBG New Business Quotes & Proposals*.

Sales Web Portal is designed to make it faster and easier to do what you do best – sell optimal health plan solutions that fit your clients and keep them satisfied.

## *Wired Quote*

Wired Quote is an online, easy to use Small Group quoting tool. Enter or upload your census in Wired Quote and instantly receive quotes. To obtain a quote, visit <https://www.wiredquote.com/> and log in. If you do not have a login, reach out to Wired Quote at [sales@wiredquote.com](mailto:sales@wiredquote.com).



# Simplifying Renewals *for You*

<i>Key dates</i>	
<b>90 days ahead</b> of renewal date	<ul style="list-style-type: none"> <li>• Renewal packages ready. Call your account manager if you do not have your renewal packages within two weeks of the 90-day mark.</li> <li>• Closure letters mailed if there are plan closures.</li> </ul>
<b>6 weeks</b> in advance of renewal date	Last date to submit plan changes to ensure accurate processing and billing. <b>Example:</b> October 20 for a December renewal.
<b>8 weeks</b> in advance of renewal date	Health Net begins process to automatically renew groups into the plan listed in the Renewal Proposal – and as quoted – if no plan change is received. <b>Example:</b> October 1 for a December renewal.
<b>4th of the month</b> before the renewal month	Bill processing begins and runs through the 17th. <b>Example:</b> November 4 for a December renewal.
<b>1st of the renewal month</b>	<i>Summary of Benefits and Coverage</i> documents available at <a href="http://www.healthnet.com/sbc">www.healthnet.com/sbc</a> . Note that SBCs no longer mail with the renewals.

## *Renewal checklist*

Speed up renewals and be your clients' superhero. We're here to help.

- ✓ **Connect with your account manager** to go over any questions or group-specific strategies.
- ✓ **Order materials** if you need them – Allow 7 to 10 business days.
- ✓ **Plan for processing time.**
  - Renewal confirmations: 10 business days.
  - ID cards: mailed 3 to 5 business days after renewal confirmations are processed.
  - Open enrollment and changes: 10 business days.
- ✓ **Complete the Open Enrollment Medical Plan Change Request Form** to request any plan changes. Double check:

- Is the form accurate and complete?
- Has the employer signed the form?
- Have you sent enrollment forms for any new employee or dependent additions to Health Net for processing?
- ✓ **Submit all changes and paperwork** by the 20th of the month (i.e., six weeks before the renewal month) to ensure timely, accurate processing and billing!

### **Good to know!**

For plan changes received after the six-week notification date, your groups can expect:

- Retroactive adjustments to billing up to two bill cycles past the renewal month.
- Another set of ID cards.

# 2019 Portfolio Highlights

Our commitment to small businesses continues in 2019 with even more health care options to help you satisfy clients and boost your business. We're expanding our product lineup with four new PPO plans: one Platinum, two Golds and a Silver; and two new CC1T and CC3T plans: Gold and Silver. The PPO Silver plans have a low-cost plan design. Remember, with Health Net Small Group Enhanced Choice, any number of plans can be offered to meet your clients' needs. You can even mix and match PPO and CommunityCare plans to provide more network and benefit design choice! All plans come complete with an Active&Fit option – member access to a national network of fitness facilities – so employees can be their healthiest. With our focus on your future, Health Net continues to combine right-size solutions and industry-leading support to help your Oregon business flourish.

## *Health Net CommunityCare*

We offer two sets of CommunityCare plans, 1 Tier and 3 Tier. These plans are available to employer groups in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties. These popular plans leverage strategic provider partnerships to strengthen the doctor-patient relationship and give people resources for lasting engagement in their health.

### **Option 1: CommunityCare 1T**

CommunityCare 1T plans feature the familiar single-tier benefit structure and access to our CommunityCare providers. Members receive all covered services from this network. This plan option is our most affordable.

### **Option 2: CommunityCare 3T**

CommunityCare 3T gives members the option to use the CommunityCare providers, other Health Net-contracted providers or a non-network provider.

- **The first tier covers services** received via the CommunityCare provider network and are covered at a higher, in-network benefit.
- **The second tier covers services** received from Health Net-contracted providers outside of the CommunityCare Network. These services are reimbursed based on Health Net's negotiated network rates.
- **The third tier covers services** received from any out-of-network provider and are reimbursed at a percentage of the maximum allowable amount (MAA).



For an up-to-date list of doctors and hospitals in the Health Net CommunityCare Network, go to [www.healthnet.com](http://www.healthnet.com) > ProviderSearch.

### Local network, trusted health care partners

Building tailored networks of well-respected doctors and hospitals that allow members to access trusted services where they live is one of the things Health Net does best. By partnering with select providers – in conjunction with designing benefits that encourage cost-effective care – the CommunityCare Network creates value and offers lower costs for employers without compromising employee satisfaction.

### CommunityCare Network highlights

- 10 hospitals
- Over 1,100 primary care providers
- Over 3,500 specialists
- Full ancillary providers and services

#### Primary care clinics

The Portland Clinic, LLC  
 NW Primary Care Group, LLC  
 Cascade Physicians, PC  
 Broadway Medical Clinic, LLP  
 Pacific Medical Group, PC  
 Everywoman’s Health, PC  
 Bridgeview Women’s Health, LLC  
 Pediatric Associates of the Northwest, PC

The Vancouver Clinic  
 Women’s Healthcare Associates, LLC  
 Metropolitan Pediatrics, LLC  
 Evergreen Pediatrics Clinic  
 Legacy Clinics, LLC  
 Tuality HealthCare Group  
 Tanasbourne Pediatrics, LLC  
 Adventist Health Medical Group  
 Olson Pediatric Clinic  
 Oregon City Pediatric Group  
 Oregon Pediatrics  
 Legacy Medical Group – St. Helens  
 Lower Columbia Clinic  
 Pacific Family Medicine  
 Astoria Women’s Health  
 St. Helens Internal Medicine  
 Wimahl Family Clinic  
 The Rinehart Clinic

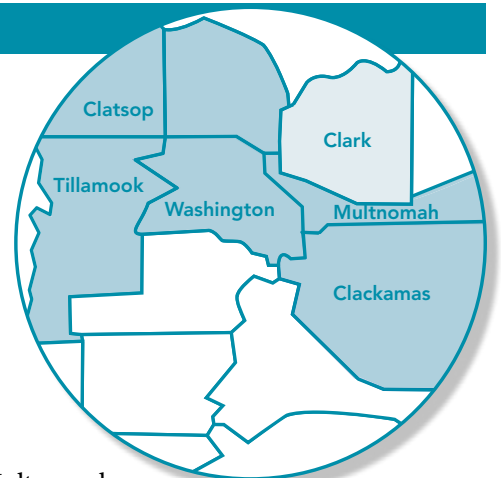
#### Hospitals

Legacy Salmon Creek Medical Center  
 Legacy Mt. Hood Medical Center  
 Legacy Meridian Park Medical Center  
 Legacy Good Samaritan Medical Center  
 Legacy Emanuel Medical Center  
 Tuality Community Hospital  
 Tuality Forest Grove Hospital  
 Portland Adventist Medical Center  
 Columbia Memorial Hospital – Astoria  
 Tillamook County General Hospital

### Health Net CommunityCare coverage area

#### Legend:

- Employer groups must be located in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties to be eligible for Health Net CommunityCare.
- Employees must live in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties, and Clark County, WA, to be eligible to enroll in Health Net CommunityCare.



Employer groups who have employees in and outside of Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties can choose to offer Health Net CommunityCare and a Health Net PPO. Please contact your sales executive for more details.

## *PPO plans*

Flexible to fit your clients' business is what our PPO designs are all about. We offer plans in all metal tiers and with a wide range of deductible options.

We continue to offer high-deductible PPO plans, which are compatible with a Health Savings Account. These options are available in both Silver and Bronze designs, and can save your clients money while encouraging their employees to take an active role in their health.

Pediatric vision is included, and plans come with or without pediatric dental.

## *Standard plans*

Our Standard plans provide benefit offerings as designated by the State of Oregon.

Pediatric vision is included. Pediatric dental is not included.

### **We have three plans available:**

- Standard Gold (PPO)
- Standard Silver (PPO)
- Standard Bronze (PPO)

## *Deductible updates by metal tier*

- Platinum (LX) plans – Deductible waived on all routine lab, X-ray and imaging services.
- Gold (DX) plans – Deductible waived for routine lab and X-ray services.
- Silver (ES) plans – Deductible applies to all routine lab, X-ray and imaging services.

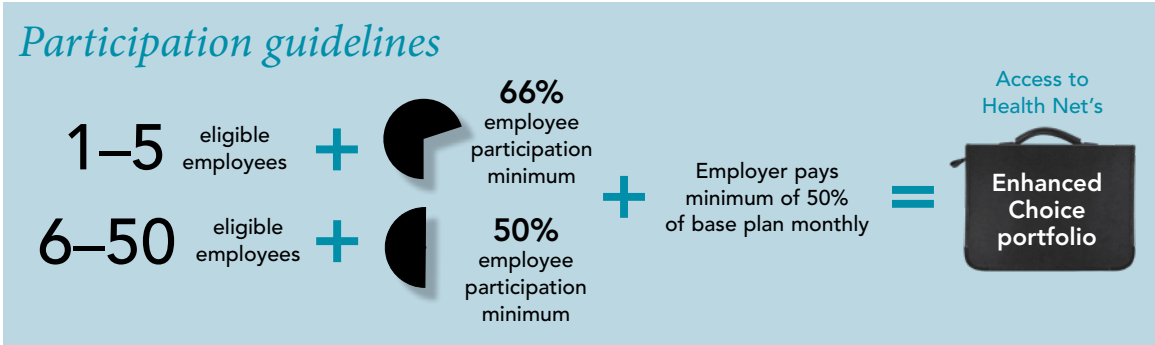
These deductible details apply to all plans except our high-deductible and State Standard plans.



*Enhanced Choice gives you options*

With our Enhanced Choice option, you can offer any number or combination of plans to your employees. You can even mix and match

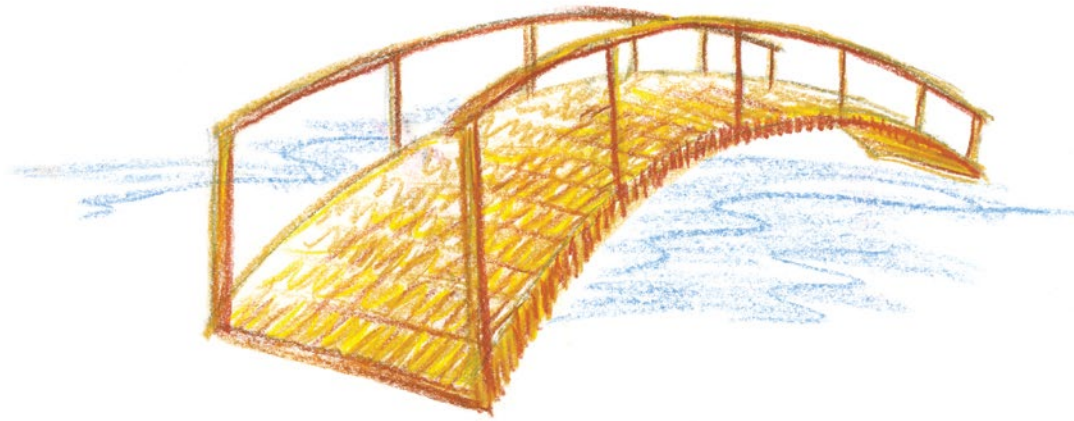
PPO and CommunityCare plans to provide more network and benefit design choices!



**January 2019 plan changes and additions**

<i>Plans</i>	
<b>PPO</b> Four new plans	<ul style="list-style-type: none"> <li>• <b>New!</b> Platinum P20-500-2-4000LX</li> <li>• <b>New!</b> Gold P20-1000-2-7900DX</li> <li>• <b>New!</b> Gold P20-2000-2-7900DX</li> <li>• <b>New!</b> Silver P30-3000-3-7900ES</li> </ul>
<b>CC1T/CC3T</b> Two new plans	<ul style="list-style-type: none"> <li>• <b>New!</b> Gold 25-2000-2-6500DX</li> <li>• <b>New!</b> Silver 30-3000-3-7900ES</li> </ul>
Not available for 2019	<ul style="list-style-type: none"> <li>• PPO Silver P6000-2-7000ES</li> <li>• CC1T/CC3T Silver 45-6500-3-7350ES</li> </ul>





# *Plan* Benefit Grids

*Simple. Sustainable. Small business-focused.*

# CommunityCare 1T Plans

<i>Benefit description</i>	<i>25-750-2-3000DX</i>	<i>25-1000-2-6500DX</i>
Metal level	Platinum	Gold
Deductible – single / family <sup>1</sup>	\$750 / \$1,500	\$1,000 / \$2,000
Out-of-pocket maximum – single / family <sup>2</sup>	\$3,000 / \$6,000	\$6,500 / \$13,000
Network	<b>CommunityCare Network</b>	<b>CommunityCare Network</b>
Coinsurance	20%	20%
<i>Physician / Professional / Outpatient care</i>		
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$25 <sup>3</sup>	\$25 <sup>3</sup>
Specialty physician services – office visits to providers in specialties other than above	\$55 <sup>3</sup>	\$65 <sup>3</sup>
Urgent care – physician services	\$55 <sup>3</sup>	\$65 <sup>3</sup>
Physician hospital visits	20%	20%
Diagnostic – X-ray/EKG/ultrasound	20%	20%
Diagnostic – laboratory tests	20%	20%
Deductible waived on lab and X-ray	Yes	Yes
Imaging – CT/MRI/PET/SPECT/EEG	20%	20%
Deductible waived on imaging	No	No
Allergy and therapeutic injections	20%	20%
Maternity delivery care – professional services	20%	20%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	20%	20%
Outpatient surgery at ambulatory surgery center	15%	15%
Outpatient surgery at hospital-based facility	20%	20%
<i>Hospital care</i>		
Inpatient hospital services <sup>4</sup>	20%	20%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	20%	20%
<i>Emergency services</i>		
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>
Inpatient admission from emergency room	20%	20%
Ambulance services – ground and air	20%	20%
<i>Behavioral services – chemical dependency and mental or nervous conditions<sup>5</sup></i>		
Physician services – office visit	\$25 <sup>3</sup>	\$25 <sup>3</sup>
Outpatient services	20%	20%
Inpatient services	20%	20%
<i>Other services</i>		
Durable medical equipment	20%	20%
Diabetes management – one initial program	\$25 <sup>3</sup>	\$25 <sup>3</sup>
Hearing aids	20%	20%
Home health visits	20%	20%
Medical supplies – including allergy serum and injected substances	20%	20%
Prosthetic devices/Orthotic devices <sup>6</sup>	20%	20%
Skilled nursing facility care – 60-day annual maximum	20%	20%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	20%
<i>Pharmacy<sup>3,7</sup></i>		
Generic / Brand preferred / Non-preferred	\$10 / \$30 / \$90	\$15 / \$45 / \$100
Specialty drugs – including most self-injectables <sup>8</sup>	50%	50%

Footnotes can be found on page 34.

25-2000-2-6500DX	30-3500-2-6500DX	30-3000-3-7900ES	30-4500-2-7900ES
Gold	Gold	Silver	Silver
\$2,000 / \$4,000	\$3,500 / \$7,000	\$3,000 / \$6,000	\$4,500 / \$9,000
\$6,500 / \$13,000	\$6,500 / \$13,000	\$7,900 / \$15,800	\$7,900 / \$15,800
<b>CommunityCare Network</b>	<b>CommunityCare Network</b>	<b>CommunityCare Network</b>	<b>CommunityCare Network</b>
20%	20%	30%	20%
No charge	No charge	No charge	No charge
\$25 <sup>3</sup>	\$30 <sup>3</sup>	\$30 <sup>3</sup>	\$30 <sup>3</sup>
\$65 <sup>3</sup>	\$60 <sup>3</sup>	\$70 <sup>3</sup>	\$70 <sup>3</sup>
\$65 <sup>3</sup>	\$60 <sup>3</sup>	\$50 <sup>3</sup>	\$70 <sup>3</sup>
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
Yes	Yes	No	No
20%	20%	30%	20%
No	No	No	No
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
15%	15%	25%	15%
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
\$25 <sup>3</sup>	\$30 <sup>3</sup>	\$30 <sup>3</sup>	\$30 <sup>3</sup>
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
\$25 <sup>3</sup>	\$30 <sup>3</sup>	\$30 <sup>3</sup>	\$30 <sup>3</sup>
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
20%	20%	30%	20%
\$15 / \$45 / \$100	\$15 / \$45 / \$100	\$20 / \$50 / 50%	\$20 / 30% / 50%
50%	50%	50%	50%

# CommunityCare 3T Plans

<i>Benefit description</i>	<i>25-750-2-3000DX</i>		
Metal level	Platinum		
Deductible – single / family <sup>1</sup>	\$750 / \$1,500		
Out-of-pocket maximum – single / family <sup>2</sup>	\$3,000 / \$6,000		
Network	<b>CommunityCare provider</b>	<b>Other participating provider</b>	<b>Out-of-network provider (MAA)</b>
Coinsurance	20%	50%	50%
<i>Physician / Professional / Outpatient care</i>			
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	No charge	50% <sup>3</sup>
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$25 <sup>3</sup>	50%	50%
Specialty physician services – office visits to providers in specialties other than above	\$55 <sup>3</sup>	50%	50%
Urgent care – physician services	\$55 <sup>3</sup>	\$55 <sup>3</sup>	\$55 <sup>3</sup>
Physician hospital visits	20%	50%	50%
Diagnostic – X-ray/EKG/ultrasound	20%	50%	50%
Diagnostic – laboratory tests	20%	50%	50%
Deductible waived on lab and X-ray	Yes	Yes	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	50%	50%
Deductible waived on imaging	No	No	No
Allergy and therapeutic injections	20%	50%	50%
Maternity delivery care – professional services	20%	50%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	20%	50%	50%
Outpatient surgery at ambulatory surgery center	15%	50%	50%
Outpatient surgery at hospital-based facility	20%	50%	50%
<i>Hospital care</i>			
Inpatient hospital services <sup>4</sup>	20%	50%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	20%	50%	50%
<i>Emergency services</i>			
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>
Inpatient admission from emergency room	20%	50%	50%
Ambulance services – ground and air	20%	20%	20%
<i>Behavioral services – chemical dependency and mental or nervous conditions<sup>5</sup></i>			
Physician services – office visit	\$25 <sup>3</sup>	50%	50%
Outpatient services	20%	50%	50%
Inpatient services	20%	50%	50%
<i>Other services</i>			
Durable medical equipment	20%	50%	50%
Diabetes management – one initial program	\$25 <sup>3</sup>	50%	50%
Hearing aids	20%	50%	50%
Home health visits	20%	50%	50%
Medical supplies – including allergy serum and injected substances	20%	50%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	20%	50%	50%
Skilled nursing facility care – 60-day annual maximum	20%	50%	50%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	50%	50%
<i>Pharmacy<sup>3,7</sup></i>			
Generic / Brand preferred / Non-preferred	\$10 / \$30 / \$90	Not covered	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>	50%	Not covered	Not covered

Footnotes can be found on page 34.

**25-1000-2-6500DX**

Gold		
\$1,000 / \$2,000		
\$6,500 / \$13,000		
<b>CommunityCare provider</b>	<b>Other participating provider</b>	<b>Out-of-network provider (MAA)</b>
20%	50%	50%
No charge		
\$25 <sup>3</sup>	50%	50%
\$65 <sup>3</sup>	50%	50%
\$65 <sup>3</sup>	\$65 <sup>3</sup>	\$65 <sup>3</sup>
20%	50%	50%
20%	50%	50%
20%	50%	50%
Yes	Yes	No
20%	50%	50%
No	No	No
20%	50%	50%
20%	50%	50%
20%	50%	50%
15%	50%	50%
20%	50%	50%
20%		
20%	50%	50%
20%	50%	50%
\$250 + 20% <sup>3</sup>		
20%	50%	50%
20%	20%	20%
20%		
\$25 <sup>3</sup>	50%	50%
20%	50%	50%
20%	50%	50%
20%		
20%	50%	50%
\$25 <sup>3</sup>	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
\$15 / \$45 / \$100		
50%	Not covered	Not covered

**25-2000-2-6500DX**

Gold		
\$2,000 / \$4,000		
\$6,500 / \$13,000		
<b>CommunityCare provider</b>	<b>Other participating provider</b>	<b>Out-of-network provider (MAA)</b>
20%	50%	50%
No charge		
\$25 <sup>3</sup>	50%	50%
\$65 <sup>3</sup>	50%	50%
\$65 <sup>3</sup>	\$65 <sup>3</sup>	\$65 <sup>3</sup>
20%	50%	50%
20%	50%	50%
20%	50%	50%
Yes	Yes	No
20%	50%	50%
No	No	No
20%	50%	50%
20%	50%	50%
20%	50%	50%
15%	50%	50%
20%	50%	50%
20%		
20%	50%	50%
20%	50%	50%
\$250 + 20% <sup>3</sup>		
20%	50%	50%
20%	20%	20%
20%		
\$25 <sup>3</sup>	50%	50%
20%	50%	50%
20%	50%	50%
20%		
20%	50%	50%
\$25 <sup>3</sup>	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
\$15 / \$45 / \$100		
50%	Not covered	Not covered

# CommunityCare 3T Plans (continued)

Benefit description	30-3500-2-6500DX		
Metal level	Gold		
Deductible – single / family <sup>1</sup>	\$3,500 / \$7,000		
Out-of-pocket maximum – single / family <sup>2</sup>	\$6,500 / \$13,000		
Network	<b>CommunityCare provider</b>	<b>Other participating provider</b>	<b>Out-of-network provider (MAA)</b>
Coinsurance	20%	50%	50%
Physician / Professional / Outpatient care			
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	No charge	50% <sup>3</sup>
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$30 <sup>3</sup>	50%	50%
Specialty physician services – office visits to providers in specialties other than above	\$60 <sup>3</sup>	50%	50%
Urgent care – physician services	\$60 <sup>3</sup>	\$60 <sup>3</sup>	\$60 <sup>3</sup>
Physician hospital visits	20%	50%	50%
Diagnostic – X-ray/EKG/ultrasound	20%	50%	50%
Diagnostic – laboratory tests	20%	50%	50%
Deductible waived on lab and X-ray	Yes	Yes	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	50%	50%
Deductible waived on imaging	No	No	No
Allergy and therapeutic injections	20%	50%	50%
Maternity delivery care – professional services	20%	50%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	20%	50%	50%
Outpatient surgery at ambulatory surgery center	15%	50%	50%
Outpatient surgery at hospital-based facility	20%	50%	50%
Hospital care			
Inpatient hospital services <sup>4</sup>	20%	50%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	20%	50%	50%
Emergency services			
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>
Inpatient admission from emergency room	20%	50%	50%
Ambulance services – ground and air	20%	20%	20%
Behavioral services – chemical dependency and mental or nervous conditions <sup>5</sup>			
Physician services – office visit	\$30 <sup>3</sup>	50%	50%
Outpatient services	20%	50%	50%
Inpatient services	20%	50%	50%
Other services			
Durable medical equipment	20%	50%	50%
Diabetes management – one initial program	\$30 <sup>3</sup>	50%	50%
Hearing aids	20%	50%	50%
Home health visits	20%	50%	50%
Medical supplies – including allergy serum and injected substances	20%	50%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	20%	50%	50%
Skilled nursing facility care – 60-day annual maximum	20%	50%	50%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	50%	50%
Pharmacy <sup>3,7</sup>			
Generic / Brand preferred / Non-preferred	\$15 / \$45 / \$100	Not covered	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>	50%	Not covered	Not covered

Footnotes can be found on page 34.

**30-3000-3-7900ES**

Silver		
\$3,000 / \$6,000		
\$7,900 / \$15,800		
CommunityCare provider	Other participating provider	Out-of-network provider (MAA)
30%	50%	50%
No charge		
No charge	No charge	50% <sup>3</sup>
\$30 <sup>3</sup>	50%	50%
\$70 <sup>3</sup>	50%	50%
\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>
30%	50%	50%
30%	50%	50%
30%	50%	50%
No	No	No
30%	50%	50%
No	No	No
30%	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
25%	50%	50%
30%	50%	50%
30%		
30%	50%	50%
30%	50%	50%
30%		
30%	30%	30%
30%	50%	50%
30%	30%	30%
\$30 <sup>3</sup>		
\$30 <sup>3</sup>	50%	50%
30%	50%	50%
30%	50%	50%
30%		
30%	50%	50%
\$30 <sup>3</sup>	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
30%	50%	50%
\$20 / \$50 / 50%		
50%	Not covered	Not covered

**30-4500-2-7900ES**

Silver		
\$4,500 / \$9,000		
\$7,900 / \$15,800		
CommunityCare provider	Other participating provider	Out-of-network provider (MAA)
20%	50%	50%
No charge		
No charge	No charge	50% <sup>3</sup>
\$30 <sup>3</sup>	50%	50%
\$70 <sup>3</sup>	50%	50%
\$70 <sup>3</sup>	\$70 <sup>3</sup>	\$70 <sup>3</sup>
20%	50%	50%
20%	50%	50%
20%	50%	50%
No	No	No
20%	50%	50%
No	No	No
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
15%	50%	50%
20%	50%	50%
20%		
20%	50%	50%
20%	50%	50%
20%		
20%	20%	20%
20%	50%	50%
20%	20%	20%
\$30 <sup>3</sup>		
\$30 <sup>3</sup>	50%	50%
20%	50%	50%
20%	50%	50%
20%		
20%	50%	50%
\$30 <sup>3</sup>	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
20%	50%	50%
\$20 / 30% / 50%		
50%	Not covered	Not covered

# PPO Plans

Benefit description	P20-500-2-4000LX		P20-750-2-4000LX	
Metal level	Platinum		Platinum	
Network	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)
Deductible – single / family <sup>1</sup>	\$500 / \$1,000	\$2,000 / \$4,000	\$750 / \$1,500	\$3,000 / \$6,000
Out-of-pocket maximum – single / family <sup>2</sup>	\$4,000 / \$8,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000
Coinsurance	20%	50%	20%	50%
<b>Physician / Professional / Outpatient care</b>				
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$20 <sup>3</sup>	50%	\$20 <sup>3</sup>	50%
Specialty physician services – office visits to providers in specialties other than above	\$40 <sup>3</sup>	50%	\$40 <sup>3</sup>	50%
Urgent care – physician services	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>
Physician hospital visits	20%	50%	20%	50%
Diagnostic – X-ray/EKG/ultrasound	20%	50%	20%	50%
Diagnostic – laboratory tests	20%	50%	20%	50%
Deductible waived on lab and X-ray	Yes	No	Yes	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	50%	20%	50%
Deductible waived on imaging	Yes	No	Yes	No
Allergy and therapeutic injections	20%	50%	20%	50%
Maternity delivery care – professional services	20%	50%	20%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	20%	50%	20%	50%
Outpatient surgery at ambulatory surgery center	15%	50%	15%	50%
Outpatient surgery at hospital-based facility	20%	50%	20%	50%
<b>Hospital care</b>				
Inpatient hospital services <sup>4</sup>	20%	50%	20%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	20%	50%	20%	50%
<b>Emergency services</b>				
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>
Inpatient admission from emergency room	20%	50%	20%	50%
Ambulance services – ground and air	20%	20%	20%	20%
<b>Behavioral services – chemical dependency and mental or nervous conditions<sup>5</sup></b>				
Physician services – office visit	\$20 <sup>3</sup>	50%	\$20 <sup>3</sup>	50%
Outpatient services	20%	50%	20%	50%
Inpatient services	20%	50%	20%	50%
<b>Other services</b>				
Durable medical equipment	20%	50%	20%	50%
Diabetes management – one initial program	\$20 <sup>3</sup>	50%	\$20 <sup>3</sup>	50%
Hearing aids	20%	50%	20%	50%
Home health visits	20%	50%	20%	50%
Medical supplies – including allergy serum and injected substances	20%	50%	20%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	20%	50%	20%	50%
Skilled nursing facility care – 60 days per year maximum	20%	50%	20%	50%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	50%	20%	50%
<b>Pharmacy<sup>3,7</sup></b>				
Generic / Brand preferred / Non-preferred	\$10 / \$30 / \$90	Not covered	\$10 / \$30 / \$90	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>	50%	Not covered	50%	Not covered

Footnotes can be found on page 34.



P20-1000-2-7900DX		P20-2000-2-7900DX		P20-2500-3-7900DX		P30-1500-2-7900DX	
Gold		Gold		Gold		Gold	
In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)
\$1,000 / \$2,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$5,000 / \$10,000
\$7,900 / \$15,800	\$10,000 / \$20,000	\$7,900 / \$15,800	\$10,000 / \$20,000	\$7,900 / \$15,800	\$10,000 / \$20,000	\$7,900 / \$15,800	\$10,000 / \$20,000
20%	50%	20%	50%	30%	50%	20%	50%
No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>
\$20 <sup>3</sup>	50%	\$20 <sup>3</sup>	50%	\$20 <sup>3</sup>	50%	\$30 <sup>3</sup>	50%
\$40 <sup>3</sup>	50%	\$40 <sup>3</sup>	50%	\$40 <sup>3</sup>	50%	\$60 <sup>3</sup>	50%
\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>
20%	50%	20%	50%	30%	50%	20%	50%
\$40	50%	20%	50%	30%	50%	20%	50%
\$40	50%	20%	50%	30%	50%	20%	50%
Yes	No	Yes	No	Yes	No	Yes	No
20%	50%	20%	50%	30%	50%	20%	50%
No	No	No	No	No	No	No	No
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
\$40 <sup>3</sup>	50%	20%	50%	30%	50%	20%	50%
15%	50%	15%	50%	25%	50%	15%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 30% <sup>3</sup>	\$250 + 30% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>
20%	50%	20%	50%	30%	50%	20%	50%
20%	20%	20%	20%	30%	30%	20%	20%
\$20 <sup>3</sup>	50%	\$20 <sup>3</sup>	50%	\$20 <sup>3</sup>	50%	\$30 <sup>3</sup>	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
20%	50%	20%	50%	30%	50%	20%	50%
\$15 / \$45 / \$90	Not covered	\$20 / \$40 / \$90	Not covered	\$20 / \$40 / \$90	Not covered	\$15 / \$45 / \$90	Not covered
50%	Not covered	50%	Not covered	50%	Not covered	50%	Not covered

# PPO Plans (continued)

Benefit description	P30-3500-3-7900DX		P30-3000-3-7900ES	
Metal level	Gold		Silver	
Network	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)
Deductible – single / family <sup>1</sup>	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Out-of-pocket maximum – single / family <sup>2</sup>	\$7,900 / \$15,800	\$10,000 / \$20,000	\$7,900 / \$15,800	\$10,000 / \$20,000
Coinsurance	30%	50%	30%	50%
<b>Physician / Professional / Outpatient care</b>				
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$30 <sup>3</sup>	50%	\$30 <sup>3</sup>	50%
Specialty physician services – office visits to providers in specialties other than above	\$60 <sup>3</sup>	50%	\$70 <sup>3</sup>	50%
Urgent care – physician services	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>
Physician hospital visits	30%	50%	30%	50%
Diagnostic – X-ray/EKG/ultrasound	30%	50%	30%	50%
Diagnostic – laboratory tests	30%	50%	30%	50%
Deductible waived on lab and X-ray	Yes	No	No	No
Imaging – CT/MRI/PET/SPECT/EEG	30%	50%	30%	50%
Deductible waived on imaging	No	No	No	No
Allergy and therapeutic injections	30%	50%	30%	50%
Maternity delivery care – professional services	30%	50%	30%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	30%	50%	30%	50%
Outpatient surgery at ambulatory surgery center	25%	50%	25%	50%
Outpatient surgery at hospital-based facility	30%	50%	30%	50%
<b>Hospital care</b>				
Inpatient hospital services <sup>4</sup>	30%	50%	30%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	30%	50%	30%	50%
<b>Emergency services</b>				
Outpatient emergency room services; no MAA out-of-network	\$250 + 30% <sup>3</sup>	\$250 + 30% <sup>3</sup>	30%	30%
Inpatient admission from emergency room	30%	50%	30%	50%
Ambulance services – ground and air	30%	30%	30%	30%
<b>Behavioral services – chemical dependency and mental or nervous conditions<sup>5</sup></b>				
Physician services – office visit	\$30 <sup>3</sup>	50%	\$30 <sup>3</sup>	50%
Outpatient services	30%	50%	30%	50%
Inpatient services	30%	50%	30%	50%
<b>Other services</b>				
Durable medical equipment	30%	50%	30%	50%
Diabetes management – one initial program	\$30 <sup>3</sup>	50%	\$30 <sup>3</sup>	50%
Hearing aids	30%	50%	30%	50%
Home health visits	30%	50%	30%	50%
Medical supplies – including allergy serum and injected substances	30%	50%	30%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	30%	50%	30%	50%
Skilled nursing facility care – 60 days per year maximum	30%	50%	30%	50%
Outpatient chemotherapy – non-oral anticancer medications and administration	30%	50%	30%	50%
<b>Pharmacy<sup>7</sup></b>				
Generic / Brand preferred / Non-preferred	\$20 <sup>3</sup> / \$40 <sup>3</sup> / \$90 <sup>3</sup>	Not covered	\$20 <sup>3</sup> / \$50 <sup>3</sup> / 50% <sup>3</sup>	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>	50% <sup>3</sup>	Not covered	50% <sup>3</sup>	Not covered

Footnotes can be found on page 34.

P30-4000-3-7900ES		P40-5000-3-7900ES		P75-5000-5-7900ES		P7350-0-7350ES <sup>9</sup>	
Silver		Silver		Bronze		Bronze	
In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)
\$4,000 / \$8,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,350 / \$14,700	\$10,000 / \$20,000
\$7,900 / \$15,800	\$10,000 / \$20,000	\$7,900 / \$15,800	\$10,000 / \$20,000	\$7,900 / \$15,800	\$15,000 / \$30,000	\$7,350 / \$14,700	\$15,000 / \$30,000
30%	50%	30%	50%	50%	50%	0% after deductible	50%
No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>	No charge	50% <sup>3</sup>
\$30 <sup>3</sup>	50%	\$40 <sup>3</sup>	50%	\$75	50%	0%	50%
\$90 <sup>3</sup>	50%	\$90 <sup>3</sup>	50%	\$120	50%	0%	50%
\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$90 <sup>3</sup>	\$90 <sup>3</sup>	50%	50%	0%	0%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
No	No	No	No	No	No	No	No
30%	50%	30%	50%	50%	50%	0%	50%
No	No	No	No	No	No	No	No
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
25%	50%	25%	50%	45%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
\$30 <sup>3</sup>	50%	\$40 <sup>3</sup>	50%	\$75	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	30%	30%	30%	50%	50%	0%	0%
30%	50%	30%	50%	50%	50%	0%	50%
30%	30%	30%	30%	50%	50%	0%	0%
\$30 <sup>3</sup>	50%	\$40 <sup>3</sup>	50%	\$75	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
30%	50%	30%	50%	50%	50%	0%	50%
\$15 <sup>3</sup> / 30% <sup>3</sup> / 50% <sup>3</sup>	Not covered	\$15 <sup>3</sup> / 30% <sup>3</sup> / 50% <sup>3</sup>	Not covered	\$15 <sup>3</sup> / 30% <sup>11</sup> / 50% <sup>11</sup>	Not covered	0%	Not covered
50% <sup>3</sup>	Not covered	50% <sup>3</sup>	Not covered	50% <sup>11</sup>	Not covered	0%	Not covered

# High-Deductible *Plans*

<i>Benefit description</i>		HD2700-2-5500ES <sup>10</sup>	
Metal level	Silver		
Network	In-network	Out-of-network (MAA)	
Deductible – single / family <sup>1</sup>	\$2,700 / \$5,400	\$7,000 / \$14,000	
Out-of-pocket maximum – single / family <sup>2</sup>	\$5,500 / \$11,000	\$10,000 / \$20,000	
Coinsurance	20%	50%	
<i>Physician / Professional / Outpatient care</i>			
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50% <sup>3</sup>	
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	20%	50%	
Specialty physician services – office visits to providers in specialties other than above	20%	50%	
Urgent care – physician services	20%	20%	
Physician hospital visits	20%	50%	
Diagnostic – X-ray/EKG/ultrasound	20%	50%	
Diagnostic – laboratory tests	20%	50%	
Deductible waived on lab and X-ray	No	No	
Imaging – CT/MRI/PET/SPECT/EEG	20%	50%	
Deductible waived on imaging	No	No	
Allergy and therapeutic injections	20%	50%	
Maternity delivery care – professional services	20%	50%	
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	20%	50%	
Outpatient surgery at ambulatory surgery center	15%	50%	
Outpatient surgery at hospital-based facility	20%	50%	
<i>Hospital care</i>			
Inpatient hospital services <sup>4</sup>	20%	50%	
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	20%	50%	
<i>Emergency services</i>			
Outpatient emergency room services; no MAA out-of-network	20%	20%	
Inpatient admission from emergency room	20%	50%	
Ambulance services – ground and air	20%	20%	
<i>Behavioral services – chemical dependency and mental or nervous conditions<sup>5</sup></i>			
Physician services – office visit	20%	50%	
Outpatient services	20%	50%	
Inpatient services	20%	50%	
<i>Other services</i>			
Durable medical equipment	20%	50%	
Diabetes management – one initial program	20%	50%	
Hearing aids	20%	50%	
Home health visits	20%	50%	
Medical supplies – including allergy serum and injected substances	20%	50%	
Prosthetic devices/Orthotic devices <sup>6</sup>	20%	50%	
Skilled nursing facility care – 60 days per year maximum	20%	50%	
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	50%	
<i>Pharmacy<sup>7</sup></i>			
Generic / Brand preferred / Non-preferred	20% / 20% / 20%	Not covered	
Specialty drugs – including most self-injectables <sup>8</sup>	50%	Not covered	

Footnotes can be found on page 34.

<i>Benefit description</i>		HD6550-0-6550ES <sup>9,10</sup>	
Metal level	Bronze		
Network	<b>In-network</b>	<b>Out-of-network (MAA)</b>	
Deductible – single / family <sup>1</sup>	\$6,550 / \$13,100	\$10,000 / \$20,000	
Out-of-pocket maximum – single / family <sup>2</sup>	\$6,550 / \$13,100	\$15,000 / \$30,000	
Coinsurance	0% after deductible	50%	
<i>Physician / Professional / Outpatient care</i>			
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50% <sup>3</sup>	
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	0%	50%	
Specialty physician services – office visits to providers in specialties other than above	0%	50%	
Urgent care – physician services	0%	0%	
Physician hospital visits	0%	50%	
Diagnostic – X-ray/EKG/ultrasound	0%	50%	
Diagnostic – laboratory tests	0%	50%	
Deductible waived on lab and X-ray	No	No	
Imaging – CT/MRI/PET/SPECT/EEG	0%	50%	
Deductible waived on imaging	No	No	
Allergy and therapeutic injections	0%	50%	
Maternity delivery care – professional services	0%	50%	
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	0%	50%	
Outpatient surgery at ambulatory surgery center	0%	50%	
Outpatient surgery at hospital-based facility	0%	50%	
<i>Hospital care</i>			
Inpatient hospital services <sup>4</sup>	0%	50%	
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	0%	50%	
<i>Emergency services</i>			
Outpatient emergency room services; no MAA out-of-network	0%	0%	
Inpatient admission from emergency room	0%	50%	
Ambulance services – ground and air	0%	0%	
<i>Behavioral services – chemical dependency and mental or nervous conditions<sup>5</sup></i>			
Physician services – office visit	0%	50%	
Outpatient services	0%	50%	
Inpatient services	0%	50%	
<i>Other services</i>			
Durable medical equipment	0%	50%	
Diabetes management – one initial program	0%	50%	
Hearing aids	0%	50%	
Home health visits	0%	50%	
Medical supplies – including allergy serum and injected substances	0%	50%	
Prosthetic devices/Orthotic devices <sup>6</sup>	0%	50%	
Skilled nursing facility care – 60 days per year maximum	0%	50%	
Outpatient chemotherapy – non-oral anticancer medications and administration	0%	50%	
<i>Pharmacy<sup>7</sup></i>			
Generic / Brand preferred / Non-preferred	0%	Not covered	
Specialty drugs – including most self-injectables <sup>8</sup>	0%	Not covered	

# Standard Plans

Benefit description	Health Net Oregon Standard Gold Plan <sup>12</sup>	
Metal level	Gold	
Network	<b>In-network</b>	<b>Out-of-network (MAA)</b>
Deductible – single / family <sup>1</sup>	\$1,000 / \$2,000	\$5,000 / \$10,000
Out-of-pocket maximum – single / family <sup>2</sup>	\$6,850 / \$13,700	\$10,000 / \$20,000
Coinsurance	20%	50%
Physician / Professional / Outpatient care		
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50% <sup>3</sup>
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$20 <sup>3</sup>	50%
Specialty physician services – office visits to providers in specialties other than above	\$40 <sup>3</sup>	50%
Urgent care – physician services	\$60 <sup>3</sup>	\$60 <sup>3</sup>
Physician hospital visits	20%	50%
Diagnostic – X-ray/EKG/ultrasound	20%	50%
Diagnostic – laboratory tests	20%	50%
Deductible waived on lab and X-ray	No	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	50%
Deductible waived on imaging	No	No
Allergy and therapeutic injections	20%	50%
Maternity delivery care – professional services	20%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	\$20	50%
Outpatient surgery at ambulatory surgery center	20%	50%
Outpatient surgery at hospital-based facility	20%	50%
Hospital care		
Inpatient hospital services <sup>4</sup>	20%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	20%	50%
Emergency services		
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	20%	20%
Inpatient admission from emergency room	20%	50%
Ambulance services – ground and air	20%	20%
Behavioral services – chemical dependency and mental or nervous conditions <sup>5</sup>		
Physician services – office visit	\$20 <sup>3</sup>	50%
Outpatient services	20%	50%
Inpatient services	20%	50%
Other services		
Durable medical equipment	20%	50%
Diabetes management – one initial program	No charge	50%
Hearing aids	20%	50%
Home health visits	20%	50%
Medical supplies – including allergy serum and injected substances	20%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	20%	50%
Skilled nursing facility care – 60 days per year maximum	20%	50%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	50%
Pharmacy <sup>7</sup>		
Generic / Brand preferred / Non-preferred	\$10 <sup>3</sup> / \$30 <sup>3</sup> / 50% <sup>3</sup>	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>	50% <sup>3</sup> (\$500 per script cap)	Not covered

Footnotes can be found on page 34.

**Health Net Oregon Standard Silver Plan<sup>12</sup>****Health Net Oregon Standard Bronze Plan<sup>9,10,12</sup>**

Silver

Bronze

In-network	Out-of-network
------------	----------------

In-network	Out-of-network
------------	----------------

\$2,850 / \$5,700	\$7,000 / \$14,000
-------------------	--------------------

\$6,550 / \$13,100	\$10,000 / \$20,000
--------------------	---------------------

\$7,900 / \$15,800	\$10,000 / \$20,000
--------------------	---------------------

\$6,550 / \$13,100	\$15,000 / \$30,000
--------------------	---------------------

30%	50%
-----	-----

0% after deductible	50%
---------------------	-----

No charge	50% <sup>3</sup>
-----------	------------------

No charge	50% <sup>3</sup>
-----------	------------------

\$40 <sup>3</sup>	50%
-------------------	-----

0%	50%
----	-----

\$80 <sup>3</sup>	50%
-------------------	-----

0%	50%
----	-----

\$70 <sup>3</sup>	\$70 <sup>3</sup>
-------------------	-------------------

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

No	No
----	----

No	No
----	----

30%	50%
-----	-----

0%	50%
----	-----

No	No
----	----

No	No
----	----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

\$40 <sup>3</sup>	50%
-------------------	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	30%
-----	-----

0%	0%
----	----

30%	50%
-----	-----

0%	50%
----	-----

30%	30%
-----	-----

0%	0%
----	----

\$40 <sup>3</sup>	50%
-------------------	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

No charge	50%
-----------	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

30%	50%
-----	-----

0%	50%
----	-----

\$15 <sup>3</sup> / \$60 <sup>3</sup> / 50% <sup>3</sup>	Not covered
--	-------------

0%	Not covered
----	-------------

50% <sup>3</sup>	Not covered
------------------	-------------

0%	Not covered
----	-------------

### *Prescription drug coverage*

Every Health Net medical plan automatically includes prescription drug coverage. Prescription drug benefits include coverage for generic, brand and non-preferred drugs, and are provided through the CVS Caremark network. Specialty drugs are covered through a preferred vendor pharmacy. Member pharmacy expenses accumulate to the out-of-pocket maximum, and, in some cases, the deductible applies. Refer to each plan for coverage specifics.

### *Pharmacy*

Health Net uses a prescription drug formulary, called the Essential Rx Drug List (EDL), for therapeutic drugs so our members receive quality at reasonable costs. A committee that includes pharmacists and providers from various medical specialties develops our EDL. To view the current EDL for your state, go to **broker.healthnet.com** > *Pharmacy Plan Information* > *Individual, Family and Group plans* > *OR Essential Rx Drug List*. Then, in the Drug Lists box, navigate to the plan you want to see. Some drugs require prior authorization.

A member may call our Customer Contact Center with any questions. If a member regularly takes prescription medications, we have a mail order program that provides an easy way to order up to a 90-day supply. A 90-day supply is also available at a retail pharmacy; however, using the mail order program can be less expensive.

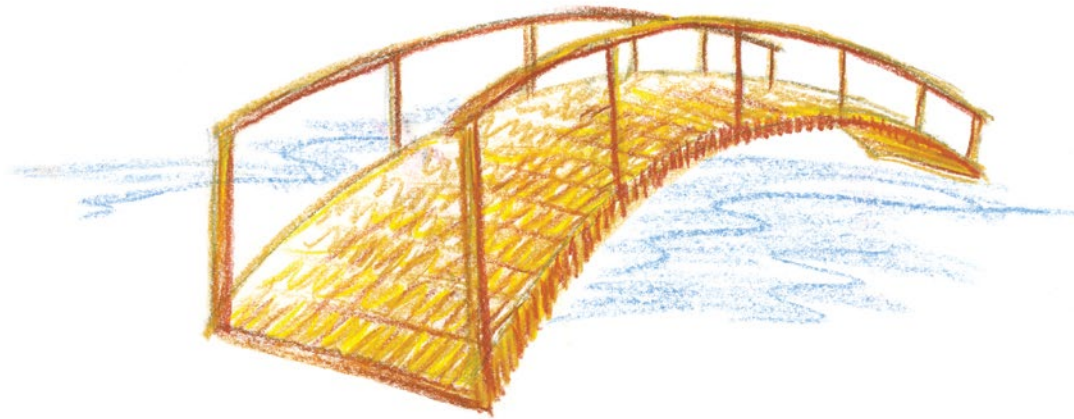
Most pharmacy-dispensed women's contraceptive methods are covered at no charge to the member when dispensed at a retail pharmacy.

### *Specialty Pharmacy*

Certain drugs identified on the EDL with the designation "SP" are classified as Specialty Pharmacy drugs. Specialty Pharmacy drugs are high-cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and have a significantly higher cost than traditional pharmacy benefit drugs. Specialty Pharmacy medications are shipped to the member or to his or her provider from an approved Specialty Pharmacy vendor.







# Ancillary Products

*Dental and vision plans are available so you and your clients  
can design a well-rounded employee benefits package*

# Pediatric Vision and Dental

(Available to children up to ages 19)



## Pediatric Vision

### Highlights

- \$0 copayments for vision exams and lenses.
- Large network of independent providers, including optical retailers LensCrafters,

Pearle Vision, Sears Optical, JCPenney Optical, and Target Optical.

- Secondary purchase plan – discounts up to 40% on all covered materials and services once the initial benefit has been used.

### Vision summary of benefits

Benefit	Copayment
Routine eye exam (limit: 1 per calendar year)	\$0
Lenses (limit: 1 per calendar year), including: <ul style="list-style-type: none"> <li>• Single vision, bifocal, trifocal, lenticular</li> <li>• Glass or plastic</li> </ul>	\$0
Provider-selected frames (limit: 1 per calendar year)	\$0
Optional lenses and treatments, including: <ul style="list-style-type: none"> <li>• UV treatment</li> <li>• Tint (fashion, gradient and glass-grey)</li> <li>• Standard plastic scratch coating</li> <li>• Standard polycarbonate</li> <li>• Photocromatic / transitions plastic</li> <li>• Standard anti-reflective coating</li> <li>• Polarized</li> <li>• Standard progressive lenses</li> <li>• Hi-index lenses</li> <li>• Blended segment lenses</li> <li>• Intermediate vision lenses</li> <li>• Select or ultra-progressive lenses</li> </ul>	\$0
Provider-selected contact lenses (in lieu of eyeglass lenses): <ul style="list-style-type: none"> <li>• Disposable:               <ul style="list-style-type: none"> <li>Daily wear – up to 3-month supply of daily disposable, single vision</li> <li>Extended wear – up to 6-month supply of monthly or 2-week disposable, single vision</li> </ul> </li> <li>• Conventional: 1 pair from selection of provider-designated contact lenses</li> <li>• Medically necessary<sup>1</sup></li> </ul>	\$0

<sup>1</sup>**Medically necessary contact lenses:** Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression.

Contact lenses may be determined to be medically necessary for the treatment of conditions, including, but not limited to, keratoconus, pathological myopia, aphakia, anisometropia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism.

Medically necessary contact lenses are dispensed in lieu of other eyewear. Participating providers will obtain the necessary preauthorization for these services.

Dental and vision benefits are underwritten by Health Net Health Plan of Oregon, Inc. Dental benefits are administered by Dental Benefit Providers, Inc. Vision benefits are serviced by Envolve Vision, Inc.

Dental Benefit Providers, Inc. is not affiliated with Health Net Health Plan of Oregon, Inc. Envolve Vision, Inc. and Health Net Health Plan of Oregon, Inc. are subsidiaries of Centene Corporation.

## Pediatric Dental

The Affordable Care Act stipulates that pediatric dental services be covered as one of the 10 required Essential Health Benefits. You can purchase pediatric dental coverage through Health Net or any certified carrier.

### Highlights

- Choice of providers.
- Lower copayments by seeing Health Net participating providers for covered services.
- Any dental deductibles, copayments and/or coinsurance or other amounts do not apply toward the plan's medical deductible.



### Dental summary of benefits

Benefit		
Annual deductible	\$100 deductible applies to all services	
Annual calendar year benefit maximum	None	
Coinsurance		
	In-network	Out-of-network <sup>2</sup>
<b>Preventive</b>		
Routine exams	0%	0%
Bitewing X-rays	0%	0%
Prophylaxis (cleanings)	0%	0%
Fluoride	0%	0%
<b>Basic</b>		
Sealants	50%	50%
Restorative	50%	50%
Space maintainers	50%	50%
Oral surgery	50%	50%
Endodontics	50%	50%
Periodontics	50%	50%
<b>Major</b>		
Crowns	50%	50%
Denture and bridgework	50%	50%
<b>Orthodontics</b>		
Medically necessary orthodontics	50%	50%

<sup>2</sup>Maximum allowable amount (MAA) is the amount Health Net Health Plan of Oregon, Inc. uses to calculate what we pay for necessary dental care provided by a nonparticipating provider. The MAA is determined by Health Net Health Plan of Oregon, Inc. based on data obtained on fees usually charged by providers for the same services within the same geographic areas.

Dental and vision benefits are underwritten by Health Net Health Plan of Oregon, Inc. Dental benefits are administered by Dental Benefit Providers, Inc. Vision benefits are serviced by Envolve Vision, Inc.

Dental Benefit Providers, Inc. is not affiliated with Health Net Health Plan of Oregon, Inc. Envolve Vision, Inc. and Health Net Health Plan of Oregon, Inc. are subsidiaries of Centene Corporation.

# Optional Vision<sup>1</sup>



<i>Benefits</i>	<i>Elite E1010-1</i>	<i>Preferred 1025-2</i>	<i>Preferred 1025-3</i>
Exam with dilation as necessary	\$10 copay	\$10 copay	\$10 copay
<i>Exam options (fit and follow-up)</i>			
Standard contact lenses	Up to \$55 copay	Up to \$55 copay	Up to \$55 copay
Premium contact lenses	10% discount	10% discount	10% discount
<i>Eyewear, lenses and frames</i>			
Single vision	\$10 copay	\$25 copay	\$25 copay
Bifocal	\$10 copay	\$25 copay	\$25 copay
Trifocal	\$10 copay	\$25 copay	\$25 copay
Lenticular	\$10 copay	\$25 copay	\$25 copay
Standard progressive lenses	\$75 copay	\$90 copay	\$90 copay
Premium progressive lenses	\$75 copay, then 80% of total charges less \$120 allowance	\$90 copay, then 80% of total charges less \$120 allowance	\$90 copay, then 80% of total charges less \$120 allowance
Retail allowance for any frames at provider location	\$150 plus 20% off balance over allowance	\$100 plus 20% off balance over allowance	\$100 plus 20% off balance over allowance
<i>Lens options</i>			
UV coating	\$15	\$15	\$15
Tint (solid and gradient)	\$15	\$15	\$15
Standard scratch-resistant	\$15	\$15	\$15
Standard polycarbonate	\$40	\$40	\$40
Standard anti-reflective	\$45	\$45	\$45
Other add-ons and services	20% discount	20% discount	20% discount
<i>Contact lenses</i>			
(Includes materials only)	\$120 allowance	\$90 allowance	\$90 allowance
Conventional	\$0 copay plus 15% discount off balance over allowance	\$0 copay plus 15% discount off balance over allowance	\$0 copay plus 15% discount off balance over allowance
Disposables	\$0 copay plus balance over allowance	\$0 copay plus balance over allowance	\$0 copay plus balance over allowance
Medically necessary	Paid in full	Paid in full	Paid in full
<i>Laser vision correction</i>			
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
<i>Secondary purchase plan</i>			
Discounts on eyewear purchases after initial benefits used	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail
<i>Frequency</i>			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 24 months
Frames	Once every 12 months	Once every 24 months	Once every 24 months

<sup>1</sup>Members receive an out-of-network allowance for all plans, including exam with dilation as necessary up to a \$40 allowance; standard plastic lenses up to allowances of \$40 (single vision), \$60 (bifocal) or \$80 (trifocal or lenticular), as applicable; retail allowance for any frame at provider location up to a \$45 allowance; and contact lenses up to a \$105 allowance. Refer to the contract for terms and conditions of coverage. Members will receive a 20 percent discount on the remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers. The discount does not apply to the provider's professional services or to contact lenses. Retail prices may vary by location. Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time-use benefits; no remaining balance. Lost or broken materials are not covered.

# Optional Dental

Benefits	Plus D50-1855-1500	Value D50-185-1500V	Preferred Plus DP50-1855-1500	Essentials D50-16-500
Annual deductible per person	\$50	\$50	\$50	\$50
Annual deductible per family	\$150	\$150	\$150	N/A
Annual plan maximum per person	\$1,500	\$1,500	\$1,500	\$500
Lifetime orthodontic services per person	\$1,500	Not covered	\$1,500	Not covered
	<b>In-network / out-of-network</b>	<b>In-network / out-of-network</b>	<b>In-network / out-of-network</b>	<b>In-network / out-of-network</b>
Diagnostic and preventive <sup>1</sup>	0%	0%	0% / 20%	0% / 20%
Basic services	20%	20%	20% / 40%	40% / 50%
Endodontic, periodontal and oral surgery	20%	50%	20% / 40%	Not covered
Major services	50%	50%	50% / 50%	Not covered
Orthodontic services	50%	Not covered	50% / 50%	Not covered

<sup>1</sup>The deductible does not apply to diagnostic and preventive services.

## Health Net dental underwriting guidelines

Eligibility rules must be the same for medical, dental and vision. Minimum employer contribution must be 50 percent of employee-only dental coverage.

A minimum of 2 employees must enroll. A minimum of 10 employees must enroll in any plan with orthodontia.

### Plus Plan

- Includes orthodontia.
- Endodontics, periodontia and oral surgery are reimbursed at tier 2 (Major).
- Hold harmless on MAA if network provider used; otherwise, no benefit distinction between in- versus out-of-network.
- MAA is 90th percentile of Health Insurance Association of America (HIAA).

### Value Plan

- No orthodontia.
- Endodontics, periodontia and oral surgery are covered at tier 3 (Major).
- Hold harmless on MAA if network provider used; otherwise, no benefit distinction between in- versus out-of-network.
- MAA is 90th percentile of HIAA.

### Preferred Plus Plan

- PPO-type dental plan, higher benefit in-network.
- DP 50: Endodontics, periodontia and oral surgery are reimbursed at tier 2 (Basic). Includes orthodontia.
- MAA is 90th percentile of HIAA for out-of-network.

### Essential Plan

- No orthodontia.
- Covers preventive and basic services only, no major services.

# WellNet

When your clients choose one of our Small Group plans, they get Health Net's WellNet.

WellNet<sup>1</sup> connects employees with chiropractic, acupuncture, naturopathic, and massage therapy services for **all plans** except the State Standard plan. Core coverage includes a combined WellNet maximum benefit per calendar year. Your small business clients have the choice to purchase a higher maximum benefit for their employees.

Contact Sales at  
1-888-802-7001.

You can also send a  
message through  
our website at  
[www.healthnet.com](http://www.healthnet.com).

Plan	Office visit <sup>2</sup>		Office visit massage therapy			Max/calendar year <sup>3</sup>
	In-network	Out-of-network	In-network	Out-of-network	Max visits/calendar year	Max/calendar year (acupuncture and massage therapy combined)
Core CAM (included with plan)	\$20	N/A	\$25	N/A	9	\$500
CAM 15-1000	\$15	N/A	\$25	N/A	18	\$1,000
CAM 15-1500	\$15	N/A	\$25	N/A	27	\$1,500
CAM 15-1000 Plus includes out-of-network option	\$15	20%	\$25	20%	18 (in- and out-of-network combined)	\$1,000 (in- and out-of-network combined)

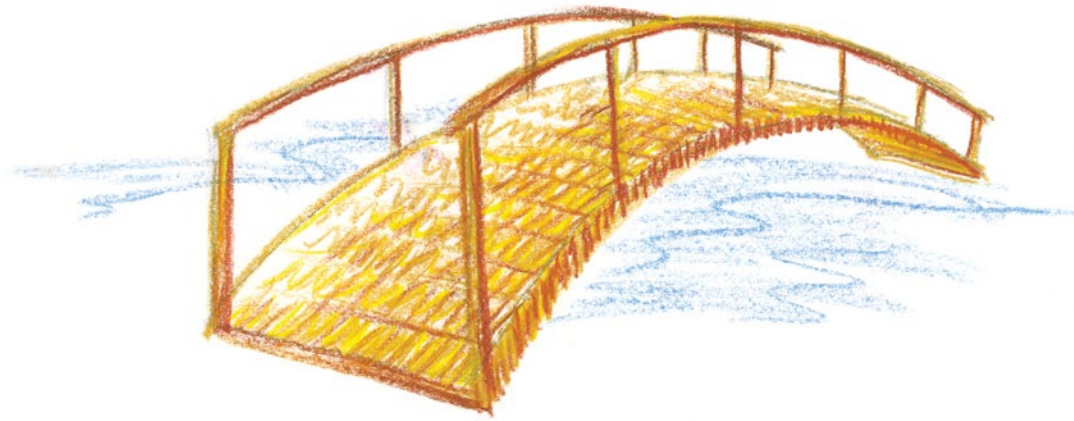
<sup>1</sup>See the supplemental benefit schedule for details, limitations and exclusions.

<sup>2</sup>Applies to chiropractic and acupuncture. Naturopath office visit is based on medical plan.

<sup>3</sup>All copayments accumulate to the medical out-of-pocket maximum.

Health Net offers a full range of alternative care options to members, provided by American Specialty Health (ASH). With ASH, members can choose from a broad network of credentialed health care providers who offer alternative health care services.





# More *Than an* ID Card

# Health Net Member Extras

At Health Net, we're about more than just health care coverage. Certainly, comprehensive benefits are essential, but so is making it easy for people to take care of their health and get the most from their health plan.

## *Decision Power®: Health & Wellness*

Decision Power is an integrated program created to engage people in their own health. With personalized tools and achievable goals, employees can feel confident in their abilities to make positive and lasting behavioral changes. Through Decision Power, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness.



- Get help with a specific health goal.
- Learn about treatment options.
- Try an online Health Promotion program.
- Assess health risks with a Health Risk Questionnaire.
- Track diet, exercise or cholesterol.
- Better manage chronic illness.
- Take advantage of discounts on health products and services.

## *Focus on early access and prevention*

Here at Health Net, we don't wait until people get sick to help them. Our job, always, is to connect your client's employees with the care they need. We want them to use their benefits! That's why we're reaching out – phone

calls, mailings and more – to encourage our members to get their annual wellness exam. It costs \$0 out-of-pocket and is the best way for our members to know their health status – and for Health Net to know how best to meet their health needs. From there, we can connect members to the care and resources to help them be their healthiest. Our resources span the full spectrum of health from time-saving conveniences to in-depth support.

Our outreach efforts elevate the core Decision Power priority: to help reduce high-cost service utilization and support workplace productivity by connecting employees with information, resources and support. Boosting health through prevention and early access to care is another way we're doing just that.

## *Nurse Advice Line*

Members get 24/7 access to licensed nurses via phone or chat for questions about injuries, illnesses, chronic conditions, and preventive care.

## *Active&Fit*

A new member fitness discount program through American Specialty Health (ASH) is available with all our portfolio plans.

- Members receive simultaneous access to fitness facilities nationwide.
- Member-funded: \$25/month fee, \$25 initiation fee, and an online link through the Health Net member portal.



**Josefina Bravo,**  
**Health Net**  
*We're motivated by  
local needs to generate  
new ideas.*



## Support online and on the go

### Self-service at [www.healthnet.com](http://www.healthnet.com)

HealthNet.com makes it easy to build healthy habits and get things done! Members can connect to our vast collection of wellness resources, get benefit information, order ID cards... the list goes on! It's also the place to find network doctors, hospitals and other services. ProviderSearch at HealthNet.com delivers results by location, specialty or office hours. Bookmark [www.healthnet.com](http://www.healthnet.com) for fast and easy access to ProviderSearch, benefit information, wellness programs, ID cards, and more!

### Health Net Mobile

Keeping track of the details – even critical details like health care information – is tricky with our jam-packed lives. That's why we created the Health Net Mobile app. All it takes is an iPhone, Android or other Web-enabled smartphone, and Health Net members have everything they need to track their health plan details – no matter where they are or how busy.



## Employer time-savers

We know that running a successful small business often means there isn't enough time to get everything done. That's why we offer online enrollment and billing.

Your clients can manage enrollments and changes, pay their bills, and run reports on HealthNet.com. These fast, paper-free solutions make it quick and easy to manage enrollment and billing administration with

a single login. Not only will your clients save time with self-service, they have peace of mind knowing their employees' details are managed with the latest security and privacy technology.

### Once registered, employers can:

- Enroll employees and dependents.
- Cancel and reinstate coverage.
- Pay bills online and schedule payments.
- Manage multiple payment options.
- Run enrollment reports.

Primary client administrators can create a user account by logging in to [www.healthnet.com](http://www.healthnet.com). From there, information is entered to:

- create a user profile,
- grant access and privileges, and
- set notification preferences.

For first-time users, go to [www.healthnet.com](http://www.healthnet.com) and click *Register*. You will need the policyholder ID or group numbers. If the policyholder ID number is less than nine digits, add preceding zeroes like this: Policyholder ID 1234 would become 000001234.

On future logins, your clients will click on *Employer*, and select *Manage Enrollment* or *Pay My Bill*. The account is now ready to use.

## Time-savers for you

Everything Health Net – from sales materials to the latest news – is available to you around the clock at [www.healthnet.com/broker](http://www.healthnet.com/broker). It's all part of the Health Net experience!

## Footnotes and disclaimers

This brochure and benefit schedule present general information only. Certain services require prior authorization or must be performed by a specialty care provider. Members should refer to their contract and other benefit materials for details, limitations and exclusions.

- <sup>1</sup>The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.
- <sup>2</sup>The annual out-of-pocket maximum includes the annual deductible, copayments and coinsurance. After the out-of-pocket maximum is reached in a calendar year, we will pay the covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of the maximum allowable amount (MAA) for out-of-network (OON) services. Members are still responsible for OON-billed charges that exceed MAA.
- <sup>3</sup>Deductible is waived.
- <sup>4</sup>If a newborn patient requires admission to an intermediate or intensive care nursery, the deductible and coinsurance for these services will accumulate under the newborn's coverage, not under the mother's coverage.
- <sup>5</sup>For mental health or chemical dependency services, call 1-800-977-8216.
- <sup>6</sup>Corrective shoes and arch supports, including foot orthotics, are excluded unless prescribed in the course of treatments for, or complications from, diabetes.
- <sup>7</sup>Prescription drug tiers are Tier 1: Generic; Tier 2: Brand Preferred; Tier 3: Non-Preferred; SP: Specialty. Retail Pharmacy – members may receive a 90-day fill at a retail pharmacy; one copayment/coinsurance applies per 30-day supply. MAC A applies. Essential Rx Drug List – A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Rx Drug List (EDL). Log in as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > *My Health Plan* > *Pharmacy Coverage* > *View My Drug List* > *OR Essential RX Drug List*.
- <sup>8</sup>Certain drugs identified on the Essential Rx Drug List are classified as Specialty drugs under your plan. Specialty drugs are high-cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and have significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.
- <sup>9</sup>0% plans: Benefits listed at 0% or no charge means Health Net will pay covered services at 100% of the maximum allowable amount (MAA) for out-of-network services. Member is still responsible for out-of-network billed charges that exceed the MAA.
- <sup>10</sup>Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse and child(ren). Family coverage includes the per person deductible. When a member meets the per person deductible, additional services will be covered during the rest of that calendar year even if the family deductible has not been met. The family deductible is satisfied when two or more members collectively meet the family deductible.
- <sup>11</sup>Calendar year deductible for prescription benefits: \$500 per member – does not apply to drugs on Tier 1, preventive pharmacy medications, tobacco cessation medications, or women's contraceptive methods.
- <sup>12</sup>Adult dental and vision plans are not available with the State Standard Plans.



# We Are Your Health Net.™

*Sales made simple. Health Net has your Small Group covered.*

*We connect your clients with all-time favorites and new choices. So it's easy for them to buy – and for you to sell!*

## *Questions? We've got answers!*

- Call your Health Net sales executive at 1-888-802-7001.
- Visit us online at [www.healthnet.com/broker](http://www.healthnet.com/broker).
- See ACA-related information at [www.healthnet.com/broker/reformguide](http://www.healthnet.com/broker/reformguide).

### **Health Net Health Plan of Oregon, Inc.**

13221 SW 68th Pkwy., Ste. 200

Tigard, OR 97223

### **Assistance for the hearing and speech impaired**

Monday through Friday, 8:00 a.m. to 5:00 p.m.

TTY users call 711.

[www.healthnet.com](http://www.healthnet.com)

This is only a summary of covered benefits. Please read the program documents for more information. The plan contract, which a member will automatically receive after enrolling, contains the terms and conditions, as well as the governing and exact contractual provisions, of Health Net Health Plan of Oregon, Inc. coverage.

For PPO plans: When services are performed by a provider who is not in our PPO network, the member's expenses include a calendar year deductible, fixed dollar amounts for certain services and a fixed percentage of maximum allowable amount (MAA) rates for other services. We pay out-of-network providers based on MAA rates, not on billed amounts. MAA rates may often be less than the amount a provider bills for a service. Out-of-network providers may therefore hold the member responsible for amounts they charge that exceed the MAA rates we pay. Amounts that exceed our MAA rates are not covered and do not apply to the member's annual out-of-pocket maximum. Members are responsible for any amounts that exceed our MAA payment.

Members have access to Decision Power through current enrollment with Health Net Health Plan of Oregon, Inc. (Health Net). Decision Power is not part of Health Net's commercial medical benefit plans. It is not affiliated with Health Net's provider network, and it may be revised or withdrawn without notice. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees.

Health Net Health Plan of Oregon, Inc. is a subsidiary of Health Net, Inc. and Centene Corporation. Health Net and Decision Power are registered service marks of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.