

# Plan Overview

## High Deductible Health Plan-HDE28008060 & HDE56008060

| Benefits  | Member pays                      |                                   |
|---|----------------------------------|-----------------------------------|
|   | In-network                       | Out-of-network                    |
| <b>Deductible</b> per calendar year   | \$2,800 single / \$5,600 family  | \$5,600 single / \$11,200 family  |
| <b>Out-of-pocket maximum</b> includes deductible  | \$5,600 single / \$11,200 family | \$16,800 single / \$33,600 family |
| <b>Office visits</b>  |                                  |                                   |
| Physician - includes family practice, pediatrics, internal medicine, naturopath*, general practice, obstetrics/gynecology   | 20% of contract rate             | 40% MAA                           |
| Specialist physician – providers in specialties other than those listed above   | 20% of contract rate             | 40% MAA                           |
| Telemedicine services   | 0% of contract rate              | 40% MAA                           |
| Maternity delivery care (professional services only)  | 20% of contract rate             | 40% MAA                           |
| <b>Preventive care</b> – includes but is not limited to: preventive office visit, women’s and men’s health care, pap test, mammogram, pelvic exam, prostate screening (PSA) and digital rectal exam | \$0 copay (deductible waived)    | 40% MAA (deductible waived)       |
| <b>Alternative care*</b>  |                                  |                                   |
| Chiropractic (Spinal Manipulation)  | 20% of contract rate             | Not covered                       |
| Acupuncture care  | 20% of contract rate             | Not covered                       |
| Massage therapy – maximum 18 visits per year  | 20% of contract rate             | Not covered                       |
| Combined maximum benefit for acupuncture and massage therapy per calendar year  | \$1,000 (both services combined) |                                   |
| <b>Emergency and urgent care services</b>   |                                  |                                   |
| Emergency room  | 20% of contract rate             | 20%                               |
| Urgent care - physician services  | 20% of contract rate             | 20% MAA                           |
| Ground ambulance – maximum 3 trips per year   | 20%                              | 20%                               |
| Air ambulance – maximum 1 trip per year   | 20%                              | 20%                               |
| <b>Hospital services</b>  |                                  |                                   |
| Inpatient hospital  | 20% of contract rate             | 40% MAA                           |
| Outpatient at hospital-based facility   | 20% of contract rate             | 40% MAA                           |
| Outpatient in-office surgery or at ambulatory surgery center  | 15% of contract rate             | 40% MAA                           |
| <b>Rehabilitative services</b>  |                                  |                                   |
| Inpatient – maximum 30 days per year  | 20% of contract rate             | 40% MAA                           |
| Outpatient – maximum 30 days per year   | 20% of contract rate             | 40% MAA                           |

\*administered by American Specialty Health (ASH)

(continued)

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| Benefits   | Member pays          |                |
|--|----------------------|----------------|
|  | In-network           | Out-of-network |
| Skilled nursing facility – maximum 60 days per year                                    | 20% of contract rate | 40% MAA        |
| Diagnostic lab and X-ray, EKG, ultrasound  | 20% of contract rate | 40% MAA        |
| Imaging and testing services<br>CT/MRI/MRA/PET/SPECT/EEG/Holter<br>Monitor/stress test | 20% of contract rate | 40% MAA        |
| Allergy and therapeutic injections   | 20% of contract rate | 40% MAA        |
| Durable medical equipment (DME)  | 20% of contract rate | 40% MAA        |
| Home health visits   | 20% of contract rate | 40% MAA        |
| Hospice services   | 20% of contract rate | 40% MAA        |
| Behavioral Health<br><i>administered by MHN</i>  |                      |                |
| Mental health and Substance use disorder   |                      |                |
| Inpatient  | 20% of contract rate | 40% MAA        |
| Outpatient, office visits  | 20% of contract rate | 40% MAA        |
| Outpatient, other  | 20% of contract rate | 40% MAA        |

The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims. Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse, and child(ren). Under family coverage, each member's covered expenses count toward the family deductible.

The annual out-of-pocket maximum includes your annual deductible, copays and coinsurance. After you reach the out-of-pocket maximum in a calendar year, we will pay your covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of maximum allowable amount (MAA) for out-of-network (OON) services. You are still responsible for OON billed charges that exceed MAA.

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.

The outpatient emergency room copay is waived if you are admitted.

For Mental Health or Substance Use Disorder services, call 800-977-8216.

For Alternative Care benefits, call American Specialty Health at 800-678-9133.

Certain services require prior authorization or must be performed by a specialty care provider.

This *Plan Overview* is intended to be used for marketing purposes only and presents general information. Please refer to your *Benefit Schedule and Agreement* for details, limitations, exclusions and other terms and conditions of coverage.

Medical services provided by a Naturopath do not apply to the alternative care calendar year benefit limit.

The alternative care calendar year benefit maximum does not apply to chiropractic services.

Telemedical services include coverage provided by Teladoc. Teladoc provides supplemental telehealth services in addition to the mandated telemedicine services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician. Teladoc consultation services do not cover: specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.

*These benefits are pending regulatory approval*

OR LG PPOHD (1/20)

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# Health Net Pharmacy Benefits

NMSLHD80

The following is a brief description of your Health Net Pharmacy benefits.

Kim Aung  
Health Net

| <i>Benefit level</i>   | <i>In pharmacy (per fill, up to a 30-day supply)<sup>1</sup></i>   | <i>Mail order (per fill, up to a 90-day supply)</i> |
|--|--|---|
| Tier 1   | 20%  | 20%   |
| Tier 2   | 20%  | 20%   |
| Tier 3   | 20%  | 20%   |
| Specialty pharmacy   | 20%  | Mail order not available                            |
| Orally administered anticancer medications                               | 20%  | Mail order not available                            |
| Preventive pharmacy, tobacco cessation and women's contraception methods | No copay and/or coinsurance  | No copay and/or coinsurance                         |
| Out-of-pocket maximum per calendar year                                  | Refer to your medical plan deductible and out-of-pocket maximum. Specialty pharmacy services and orally-administered anticancer medications apply toward your medical plan deductible and out-of-pocket maximum. |   |

<sup>1</sup> If certain requirements are met, you may be eligible for a 90-day supply when filled in a pharmacy (with three times the retail copay).

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. For complete information, log on as a Health Net member at [www.healthnet.com/drugs](http://www.healthnet.com/drugs).

### Essentials Drug List

A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Drug List (EDL). To view the current EDL, go to [www.healthnet.com/drugs](http://www.healthnet.com/drugs).

### Specialty Pharmacy

Certain drugs identified on the Essential Drug List are classified as Specialty Pharmacy drugs under your plan. Specialty Pharmacy drugs are high cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and having significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.

### Preventive Pharmacy

Preventive Pharmacy medications require a prescription and are limited to prescription drugs and over-the-counter medications that are determined to be preventive. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug with no generic class drug available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Women's Contraception*

Generic class Food and Drug Administration (FDA) approved contraceptive methods, patient education and counseling for all women with reproductive capacity are covered. FDA approved, over-the-counter contraceptive methods for women require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Tobacco Cessation*

Food and Drug Administration (FDA) approved prescription drugs classified as smoking cessation medications are covered when dispensed by a participating provider pharmacy. FDA approved, over-the-counter tobacco cessation medications require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

### *Participating Pharmacies*

Participating Provider pharmacy must be used when filling all prescriptions under your plan. The plan does not cover prescriptions filled at a Non-Participating pharmacy.

### *What if I am on a medication that was covered by my previous health insurance?*

Under the Continuity of Care Policy, within the first 90 days of Health Net coverage, you will receive authorization for any existing medication requiring prior authorization that was covered under your previous health insurance company. The health plan will require verification that the medication was covered by the previous insurance company. This policy excludes the following: injectables, compounded medications, pharmacy benefit exclusions, and overrides on quantity or dosage limits.

**This is a brief description of your Health Net Pharmacy benefits and is intended for marketing purposes only and presents general information. Please refer to your *Prescription Supplemental Benefit Schedule* to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.**

**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 us at the number listed on your ID card. Employer group members please call 1-888-802-7001 (TTY: 711).

**Arabic**

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-888-802-7001 (TTY: 711).

**Chinese**

免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。雇主團體的會員請致電 1-888-802-7001 (TTY: 711)。

**Cushite (Oromo)**

Waa Lacag la'aan Adeegyada Luuqada. Waxaad heli kartaa turjubaan. Waxaad heli kartaa in waraaqaha lagu aqriyo. Wixii caawin ah, naga soo wac lambarka ku qoran kaarka Aqoonsigaaga. Xubnaha kooxda badrooniga fadlan soo wac 1-888-802-7001 (TTY: 711).

**French**

Services linguistiques sans frais. Vous pouvez obtenir un interprète. Les documents peuvent vous être lus. Pour obtenir de l'aide, appelez-nous au numéro indiqué sur votre carte d'identité. Membres du groupe employeur veuillez composer le 1-888-802-7001 (TTY: 711).

**German**

Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-888-802-7001 (TTY: 711) an.

**Japanese**

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-888-802-7001 (TTY: 711) までお電話ください。

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 고용주 그룹 가입자분은 1-888-802-7001 (TTY: 711)번으로 전화해 주십시오.

**Khmer**

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ សមាជិកក្រុមនិយោជក សូមទាក់ទងទៅលេខ បេក្ខជន សូមទាក់ទងទៅលេខ 1-888-802-7001 (TTY: 711)។

**Romanian**

Servicii lingvistice gratuite. Puteți obține un interpret. Puteți avea documente citite pentru dvs. Pentru asistență telefonați-ne la numărul indicat pe cardul de membru. Membrii grupului angajatorilor să telefoneze la 1-888-802-7001 (TTY: 711).

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای کسب اطلاعات، با ما به شماره ای که در کارت شناسایی شما قید شده تماس بگیرید. اعضای گروه کارفرما لطفاً با شماره (TTY: 711) 1-888-802-7001 تماس بگیرید.

## Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы участник коллективного плана, предоставляемого работодателем, звоните по телефону 1-888-802-7001 (TTY: 711).

## Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación. Los afiliados del grupo del empleador deben llamar al 1-888-802-7001 (TTY: 711).

## Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ สมาชิกกลุ่มนายจ้าง กรุณาโทร 1-888-802-7001 (TTY: 711)

## Ukrainian

Безплатні послуги перекладу. Ви можете скористуватися послугами перекладача. Вам можуть прочитати ваші документи. Щоб отримати допомогу, телефонуйте нам за номером, який вказаний на вашій ідентифікаційній картці (ID). Учасників групового страхового плану від працедавця просимо телефонувати за номером 1-888-802-7001 (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. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị. Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-888-802-7001 (TTY: 711).

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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 **1-888-802-7001 (TTY: 711)**.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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>.