

Health Net Health Plan of Oregon, Inc. (Health Net)

2020 Health Net Oregon **Large Group** *Portfolio Guide*

Effective January 1, 2020



Health Net®

Working Harder *for* **Oregonians**

Health Net is your source for large business portfolios in Oregon with rich benefit plans without the big price tag. We deliver smart and sustainable benefits and services that perform big for your large group clients, and that their employees value.

- We provide easy administration with a single point of contact, regardless of regional vicinity.
- Our team of sales, account and service professionals work together to ensure a smooth and positive experience – from sales to implementation and beyond.
- We make a positive difference by monitoring local issues throughout Oregon, so that our health plans fit the individuals, companies and communities we serve.
- We're the company that covers every stage of life, so your clients can stay with us even as their health care coverage needs change over time.

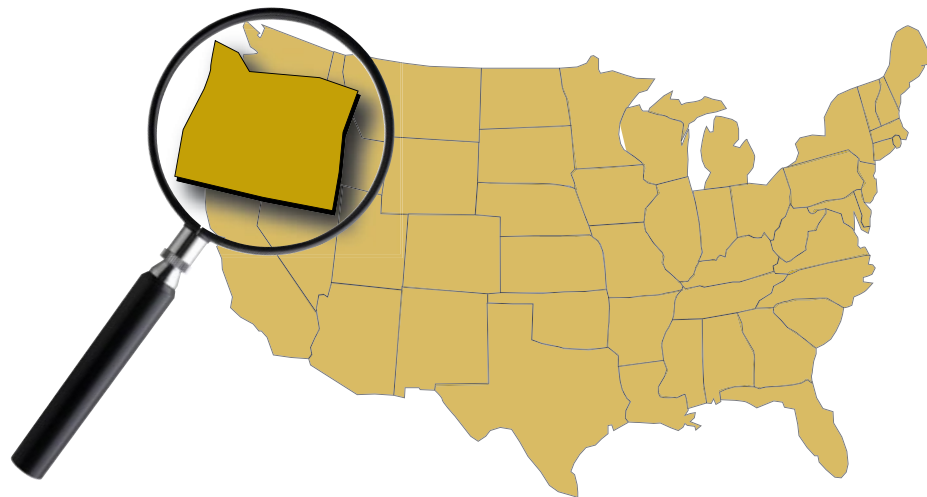


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Solutions *That Fit*

We've expanded and refreshed our 2020 medical and pharmacy portfolios to provide more value and choice for consumers and employer groups.

2020 updates

- **NEW First Dollar Benefit coinsurance** plan design options. The first \$500 combined costs for lab, X-ray and advanced imaging are covered by Health Net (no out-of-pocket cost to our members).
- **NEW CommunityCare High deductible health plan (HDHP)** plan designs with PCP and Specialist copays after deductible. Health Savings Account (HSA) integration is available on these plans through HealthEquity.
- **Telemedical** is now offered at a \$0 copay with the deductible waived for most plans. For HDHP plans, telemedical is offered at a \$0 copay after deductible. Telemedical services include coverage provided by Teladoc® with access to providers 24 hours a day, 365 days a year. Telemedical services are available for both medical and behavioral health services.

Enhanced Choice

Health Net offers Enhanced Choice – a package solution to give your clients more options.

Your clients simply:

- Select the various plan options they would like to offer their employees. The lowest-cost plan will be the base plan.

And

- Determine their employer contribution, a minimum of 50% of the base plan premium.

Each employee then selects the plan he or she wants from the options the employer selects. They pay the difference between the premium amount of the plan they pick and what their employer contributes.



Extras that count

Every plan comes complete with valuable extras for our members.

Fitness discount choices for large group 51+:¹

- **Active&Fit® Direct** (included in all Medical Plans)
 - Flexibility: Provides members simultaneous access to **all facilities** within the national network.
 - Member-funded: \$25/month fee, \$25 initiation fee, and an online link accessible through the Health Net member portal.
 - For members ages 16 years and older, including spouse.
- **Active&Fit® Discount Gym benefit rider**
 - Rider available for purchase by the group.
 - Flexibility: Provides members simultaneous access to **all facilities** within the national network.
 - \$100 annual copayment to attend fitness centers in a nationwide network.
 - For members ages 16 years and older, including spouse.

- **Decision Power®** is an integrated program created to engage people in their health. Decision Power features personalized tools to help members achieve their goals and feel confident in their ability to make positive and lasting behavioral changes.
- **Health Improvement Programs** provide members with highly interactive ways to address and improve health risk factors.
- **Decision Power Healthy Discounts** are value-added discounts on lifestyle improvements, services, products, and more to support members' health goals.



¹Administered by American Specialty Health Fitness, Inc.

A Closer Look

Health Net CommunityCare (see benefit grids starting on page 8)

Health Net CommunityCare combines a unique blend of benefits, a tailored network and personal, whole-health support in one simple package.

The Health Net CommunityCare Network includes Legacy Health System, Tuality Healthcare, Adventist Health Systems, and other distinguished providers.

By partnering with select providers – in conjunction with designing benefits that encourage cost-effective care – the CommunityCare Network creates value and lower costs for employers. Plus, it gives employees access to valued, local health care resources.

Health Net CommunityCare comes in two forms, so your clients can choose the option that works for their business and budget.

New for 2020, CommunityCare 1T and 3T have HDHP options with multiple deductible and coinsurance designs. HSA integration is available on all CommunityCare HDHP plans.



Option 1: Health Net CommunityCare 1T
Featuring the familiar single-tier benefit structure and access to the select Health Net CommunityCare Network, our base plan is the most affordable.

Option 2: Health Net CommunityCare 3T
With this option, members can use the CommunityCare Network, other Health Net-contracted providers or a non-network provider.

- **Level 1:** Services received via the Health Net CommunityCare Network are covered at a higher in-network benefit.
- **Level 2:** Services from Health Net-contracted providers outside of the Health Net CommunityCare Network are reimbursed based on Health Net's negotiated network rates.
- **Level 3:** The option to receive services from any out-of-network provider for a percentage reimbursement of the maximum allowable amount (MAA).

Competitively priced, Health Net **CommunityCare** plans deliver additional flexibility with:

- A range of deductibles and out-of-pocket maximums available.
- Split cost-sharing: encourages use of PCP services since out-of-pocket is lower, and creates a built-in way to reinforce the relationship between each patient and his or her primary doctor, who can then have more involvement in and influence on the person's health.

Service areas

Employer groups must be located in Clackamas, Clatsop, Columbia, Multnomah, Tillamook, or Washington County to be eligible for Health Net CommunityCare.

Employees must live in Clark, Clackamas, Clatsop, Columbia, Multnomah, Tillamook, or Washington County to be eligible to enroll in Health Net CommunityCare.

Beyond benefits – putting people first

Health Net CommunityCare is more than benefit coverage. It's about caring for the whole person. Through a mix of wellness resources, incentives and high-tech conveniences, Health Net CommunityCare promotes patient engagement, which can translate into improved outcomes and productivity.

Coverage for employees outside the Health Net CommunityCare area

Employer groups who have employees both in and outside of the CommunityCare service area can choose to offer both Health Net CommunityCare and a Health Net PPO. Please contact your Health Net sales consultant for underwriting requirements and other qualification details.

Wellness incentive

Connecting healthy choices to financial rewards is proving to be an effective way of motivating people to make changes and, in turn, manage the cost of care.

Adult CommunityCare members can earn an annual \$50 gift card reward just by investing in their health. Members receive the gift card when they complete the online Health Risk Questionnaire (HRQ), share the results with their PCP at a scheduled preventive care physical and note the physician visit in their www.healthnet.com account.

Health Net PPO plans (see benefit grids starting on page 16)

PPO Advantage

PPO Advantage, our most popular plan design, balances strong member coverage with low employer costs. The deductible is waived for routine diagnostic lab and imaging services. The deductible applies to imaging categories such as MRIs, CT scans and EEGs. PPO Advantage has our widest range of deductible options.

PPO Advantage LX

The most comprehensive of our PPO Advantage designs, PPO Advantage LX plans offer members higher coverage with lower deductibles and lower copayment options. The deductible is waived for all diagnostic lab and imaging services.

PPO Advantage Value

PPO Advantage Value is the most affordable PPO Advantage plan design. The deductible applies to all diagnostic services to help keep premium costs down.

PPO Fifty

Our PPO Fifty plans provide affordable plan offerings with no deductible. Covered employees simply pay 50 percent coinsurance. Then, if an employee has high medical expenses during the year, Health Net pays 100 percent for covered expenses once the out-of-pocket maximum is met (PPO network only; MAA applies out-of-network).

PPO Essentials

Employers can choose from a number of deductible options. Split copayment plan options and coinsurance plan options are available.

- The office visit version carries a split copayment with a higher copayment for specialist visits. Most other services are subject to the plan deductible.
- The coinsurance version offers the lowest premium plan available! Most non-preventive care services must satisfy the plan deductible.

PPO Essentials First Dollar

These plans offer the same benefits as PPO Essentials, but with the first \$500 combined costs for lab, X-ray and advanced imaging covered by Health Net (no out-of-pocket costs to our members).

High deductible health plans

Employers who offer consumer-directed plans to their employees empower them to build health savings and to take advantage of significant tax savings. Our HSA-qualified high deductible health plans (HDHP) allow your clients or their employees to open a tax-deferred Health Savings Account (HSA) that employees can use to pay for medical expenses not covered by the health plan. HDHPs may encourage employees to better understand health care costs and to make good, cost-effective medical choices, reducing overall medical costs.



Prescriptions included

All HDHPs include coverage for prescription drugs. Prescription drug costs are subject to the plan deductible and apply to the out-of-pocket maximum.



Integrated HSA/HRA

Are your clients looking for greater convenience, service and choice in consumer-directed health care benefits? Our high deductible health plan PPO products and CommunityCare high deductible health plans can be offered alongside a Health Savings Account (HSA), and all PPO plans and CommunityCare high deductible health plans can be offered with health reimbursement accounts (HRA) through HealthEquity. A proven expert in financial arrangement integration and administration, HealthEquity offers easy-to-use tools and comprehensive resources.

Clients can maximize health savings and experience high levels of excellence in customer service, including:

- Seamless member experience by signing up for an account while enrolling in benefits.
- Electronic transmission of enrollment and claim information to HealthEquity.
- 24/7/365 customer support from HealthEquity, as well as online decision support tools such as their Contribution Calculator.

The addition of account integration creates a win-win opportunity for you to generate increased client satisfaction and return business by helping your clients realize short- and long-term savings possibilities.

Optional riders for easy customization:

- WellNet benefits are included in all Health Net large group CommunityCare and PPO plans, including coverage for chiropractic, acupuncture, naturopathic services, and massage therapy office visits. Buy-up options are also available for purchase. Refer to the plan grids on page 32 for details.
- Dental and vision coverage. Clients can pair their Health Net medical plan with a Health Net dental plan, which makes promoting dental health easy. Our lineup of vision plans – Elite, Supreme, Preferred, Plus, and Exam Only – helps employees keep seeing clearly.



Plans-at-a-Glance

Health Net CommunityCare

(CC Network) 1T Plan Options

Single-tier benefit structure

Plan names	Office visit cost-share		Deductible ¹		Coinsurance		Out-of-pocket maximum ²	
	PCP	Specialist	Individual	Family	Outpatient ASC	CC Network	Individual	Family
CC1T10-500-2-4500DX	\$10	\$50	\$500	\$1,000	15%	20%	\$4,500	\$9,000
CC1T15-1000-2-5500DX	\$15	\$55	\$1,000	\$2,000	15%	20%	\$5,500	\$11,000
CC1T10-1500-2-5500DX	\$10	\$50	\$1,500	\$3,000	15%	20%	\$5,500	\$11,000
CC1T20-2000-2-6000DX	\$20	\$60	\$2,000	\$4,000	15%	20%	\$6,000	\$12,000
CC1T20-2000-3-6000ES	\$20	\$60	\$2,000	\$4,000	25%	30%	\$6,000	\$12,000
CC1T25-3000-2-7350DX	\$25	\$65	\$3,000	\$6,000	15%	20%	\$7,350	\$14,700
CC1T35-3000-3-7350ES	\$35	\$75	\$3,000	\$6,000	25%	30%	\$7,350	\$14,700
CC1T35-5000-3-7350ES	\$35	\$75	\$5,000	\$10,000	25%	30%	\$7,350	\$14,700
CC1T50-5000-3-7350ES	\$50	\$100	\$5,000	\$10,000	25%	30%	\$7,350	\$14,700
CC1T50-7000-3-8150ES	\$50	\$100	\$7,000	\$14,000	25%	30%	\$8,150	\$16,300

DX plans: Deductible waived for routine diagnostics.

ES plans: Deductible applies for diagnostics.



<i>Physician / Professional / Outpatient care</i>	<i>CommunityCare Network</i>
Preventive care	No charge ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	PCP office visit copay ³
Physician services – office call to providers in specialties other than above	Specialist office visit copay ³
Physician services – urgent care center	Specialist office visit copay ³
Physician hospital visits	Coinsurance
Diagnostic X-ray / EKG / Ultrasound	Coinsurance
Diagnostic laboratory tests	Coinsurance
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Coinsurance
Allergy and therapeutic injections	Coinsurance
Maternity delivery care – professional services only	Coinsurance
Outpatient rehabilitation therapy – 30 days/year max	Coinsurance
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC
Outpatient at hospital-based facility	Coinsurance
<i>Hospital care</i>	
Inpatient services ⁷	Coinsurance
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance
<i>Emergency services</i>	
Outpatient emergency room services	\$250 per visit, then coinsurance ^{3,4}
Inpatient admission from emergency room	Coinsurance
Emergency ground ambulance transport – 3 trips/year max	Coinsurance
Emergency air ambulance transport – 1 trip/year max	Coinsurance
<i>Behaviorial services – substance use disorder and mental health conditions</i>	
Inpatient ⁸	Coinsurance
Outpatient – office visits ⁸	PCP office visit copay ³
Outpatient – other ⁸	Coinsurance
<i>Other services</i>	
Durable medical equipment	Coinsurance ⁵
Prosthetic devices / Orthotic devices	Coinsurance ⁵
Medical supplies – including allergy serum and injected substances	Coinsurance ⁵
Diabetes management – one initial program ⁹	PCP office visit copay per program ³
Blood, blood plasma, blood derivatives	Coinsurance
TMJ services – \$500/lifetime max	50% contract rate
Home infusion therapy	Coinsurance
Outpatient chemotherapy – non-oral anticancer medications and administration	Coinsurance
Skilled nursing facility care – 60 days/year max	Coinsurance
Hospice services	Coinsurance
Home health visits	Coinsurance
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶

Health Net CommunityCare

(CC Network) 3T Plan Options

Members may use the Health Net CommunityCare Network, other Health Net contracted providers or a non-network provider.

Plan names	Office visit cost-share		Deductible ¹ (All tiers combined)		Coinsurance			OOPM ² (All tiers combined)	
	PCP	Specialist	Individual	Family	In-Net	Other HN providers	OON	Individual	Family
CC3T10-0-2-4500DX	\$10	\$50	\$0	\$0	20%	40%	40%	\$4,500	\$9,000
CC3T10-500-2-4500DX	\$10	\$50	\$500	\$1,000	20%	40%	40%	\$4,500	\$9,000
CC3T10-750-2-5500DX	\$10	\$50	\$750	\$1,500	20%	40%	40%	\$5,500	\$11,000
CC3T15-1000-2-5500DX	\$15	\$55	\$1,000	\$2,000	20%	40%	40%	\$5,500	\$11,000
CC3T15-1000-3-5500ES	\$15	\$55	\$1,000	\$2,000	30%	50%	50%	\$5,500	\$11,000
CC3T10-1500-2-5500DX	\$10	\$50	\$1,500	\$3,000	20%	40%	40%	\$5,500	\$11,000
CC3T20-2000-2-6000DX	\$20	\$60	\$2,000	\$4,000	20%	40%	40%	\$6,000	\$12,000
CC3T20-2000-3-6000ES	\$20	\$60	\$2,000	\$4,000	30%	50%	50%	\$6,000	\$12,000
CC3T25-3000-2-7350DX	\$25	\$65	\$3,000	\$6,000	20%	40%	40%	\$7,350	\$14,700
CC3T25-3000-3-7350ES	\$25	\$65	\$3,000	\$6,000	30%	50%	50%	\$7,350	\$14,700
CC3T35-3000-3-7350ES	\$35	\$75	\$3,000	\$6,000	30%	50%	50%	\$7,350	\$14,700
CC3T35-5000-3-7350ES	\$35	\$75	\$5,000	\$10,000	30%	50%	50%	\$7,350	\$14,700
CC3T50-5000-3-7350ES	\$50	\$100	\$5,000	\$10,000	30%	50%	50%	\$7,350	\$14,700
CC3T50-7000-3-8150ES	\$50	\$100	\$7,000	\$14,000	30%	50%	50%	\$8,150	\$16,300

DX plans: Deductible waived for routine diagnostics.

ES plans: Deductible applies for diagnostics.

Ambulatory surgery center is a 5% lower cost-share.



Footnotes can be found on page 41.

<i>Physician / Professional / Outpatient care</i>	<i>CC Network (Level 1)</i>	<i>Other participating providers (Level 2)</i>	<i>Out-of-network providers (Level 3)</i>
Preventive care	No charge ³	No charge ³	Level 3 coinsurance MAA ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	PCP office visit copay ³	Level 2 coinsurance	Level 3 coinsurance MAA
Physician services – office call to providers in specialties other than above	Specialist office visit copay ³	Level 2 coinsurance	Level 3 coinsurance MAA
Physician services – urgent care center	Specialist office visit copay ³	Specialist office visit copay ³	Specialist office visit copay ³
Physician hospital visits	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Diagnostic X-ray / EKG / Ultrasound	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Diagnostic laboratory tests	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Allergy and therapeutic injections	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Maternity delivery care – professional services only	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient rehabilitation therapy – 30 days/year max	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC Level 1 coinsurance	Outpatient ASC Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient at hospital-based facility	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
<i>Hospital care</i>			
Inpatient services ⁷	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Inpatient rehabilitation therapy – 30 days/year max	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
<i>Emergency services</i>			
Outpatient emergency room services	\$250 per visit, then Level 1 coinsurance ^{3,4}		
Inpatient admission from emergency room	Level 1 coinsurance		
Emergency ground ambulance transport – 3 trips/year max	Level 1 coinsurance		
Emergency air ambulance transport – 1 trip/year max	Level 1 coinsurance		
<i>Behaviorial services – substance use disorder and mental health conditions</i>			
Inpatient ⁸	Level 1 coinsurance	Not applicable	Level 3 coinsurance MAA
Outpatient – office visits ⁸	PCP office visit copay ³	Not applicable	Level 3 coinsurance MAA
Outpatient – other ⁸	Level 1 coinsurance	Not applicable	Level 3 coinsurance MAA
<i>Other services</i>			
Durable medical equipment	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Prosthetic devices / Orthotic devices	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Medical supplies – including allergy serum and injected substances	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Diabetes management – one initial program ⁹	PCP office visit copay per program ³	Level 2 coinsurance	Level 3 coinsurance MAA
Blood, blood plasma, blood derivatives	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
TMJ services – \$500/lifetime max	50% contract rate	50% contract rate	50% MAA
Home infusion therapy	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Skilled nursing facility care – 60 days/year max	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Hospice services	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Home health visits	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶		

Footnotes can be found on page 41.

CommunityCare 1T High Deductible *Health Plan*

Single-tier benefit structure

Plan names	Office visit cost-share ¹⁴		Deductible ¹		Coinsurance		Out-of-pocket maximum ²	
	PCP	Specialist	Individual	Family	In-Net	OON	Individual	Family
HDECC1T25-3000-2-6600-HD80	\$25	\$65	\$3,000	\$6,000	20%	N/A	\$6,600	\$13,200
HDECC1T35-3000-3-6750-HD70	\$35	\$75	\$3,000	\$6,000	30%	N/A	\$6,750	\$13,500
HDECC1T35-5000-2-6600-HD80	\$35	\$75	\$5,000	\$10,000	20%	N/A	\$6,600	\$13,200
HDECC1T35-5000-3-6600-HD70	\$35	\$75	\$5,000	\$10,000	30%	N/A	\$6,600	\$13,200



Prescription benefits – NMSLHD80 and NMSLHD70

This is a supplemental prescription benefit schedule for high deductible health plans (HDHP). These pharmacy riders are included with all HDHP medical plans. The medical plan deductible applies. Once the deductible has been met, prescription benefits are covered with a coinsurance for all tiers (20% or 30% depending on the plan selected).

Footnotes can be found on page 41.

<i>Physician / Professional / Outpatient care</i>	<i>CommunityCare Network</i>
Preventive care	No Charge ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	PCP office visit copay ¹⁴
Physician services – office call to providers in specialties other than above	Specialist office visit copay ¹⁴
Physician services – urgent care center	Specialist office visit copay ¹⁴
Physician hospital visits	Level 1 coinsurance
Diagnostic X-ray / EKG / Ultrasound	Level 1 coinsurance
Diagnostic laboratory tests	Level 1 coinsurance
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Level 1 coinsurance
Allergy and therapeutic injections	Level 1 coinsurance
Maternity delivery care – professional services only	Level 1 coinsurance
Outpatient rehabilitation therapy – 30 days/year max	Level 1 coinsurance
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Level 1 coinsurance
Outpatient at hospital-based facility	Level 1 coinsurance
<i>Hospital care</i>	
Inpatient services ⁷	Level 1 coinsurance
Inpatient rehabilitation therapy – 30 days/year max	Level 1 coinsurance
<i>Emergency services</i>	
Outpatient emergency room services	\$250 per visit, then Level 1 coinsurance ⁴
Inpatient admission from emergency room	Level 1 coinsurance
Emergency ground ambulance transport – 3 trips/year max	Level 1 coinsurance
Emergency air ambulance transport – 1 trip/year max	Level 1 coinsurance
<i>Behaviorial services – substance use disorder and mental health conditions</i>	
Inpatient ⁸	Level 1 coinsurance
Outpatient – office visits ⁸	PCP office visit copay ¹⁴
Outpatient – other ⁸	Level 1 coinsurance
<i>Other services</i>	
Durable medical equipment	Level 1 coinsurance
Prosthetic devices / Orthotic devices	Level 1 coinsurance
Medical supplies – including allergy serum and injected substances	Level 1 coinsurance
Diabetes management – one initial program ⁹	PCP office visit copay ¹⁴
Blood, blood plasma, blood derivatives	Level 1 coinsurance
TMJ services – \$500/lifetime max	50% contract rate
Home infusion therapy	Level 1 coinsurance
Outpatient chemotherapy – non-oral anticancer medications and administration	Level 1 coinsurance
Skilled nursing facility care – 60 days/year max	Level 1 coinsurance
Hospice services	Level 1 coinsurance
Home health visits	Level 1 coinsurance
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶

Footnotes can be found on page 41.

CommunityCare 3T High Deductible *Health Plan*

Members may use the Health Net CommunityCare Network, other Health Net contracted providers or a non-network provider.

Plan names	Office visit cost-share ¹⁴		Deductible ¹		Coinsurance		Out-of-pocket maximum ²	
	PCP	Specialist	Individual	Family	In-Net	OON	Individual	Family
HDECC3T25-3000-2-6600-HD80	\$25	\$65	\$3,000	\$6,000	20%	40%	\$6,600	\$13,200
HDECC3T25-3000-3-6600-HD70	\$25	\$65	\$3,000	\$6,000	30%	50%	\$6,600	\$13,200
HDECC3T35-5000-2-6600-HD80	\$35	\$75	\$5,000	\$10,000	20%	40%	\$6,600	\$13,200
HDECC3T35-5000-3-6600-HD70	\$35	\$75	\$5,000	\$10,000	30%	50%	\$6,600	\$13,200



Prescription benefits – NMSLHD80 and NMSLHD70

This is a supplemental prescription benefit schedule for high deductible health plans (HDHP). These pharmacy riders are included with all HDHP medical plans. The medical plan deductible applies. Once the deductible has been met, prescription benefits are covered with a coinsurance for all tiers (20% or 30% depending on the plan selected).

<i>Physician / Professional / Outpatient care</i>	<i>CC Network (Level 1)</i>	<i>Other participating providers (Level 2)</i>	<i>Out-of-network providers (Level 3)</i>
Preventive care	No Charge ³	No Charge ³	Level 3 coinsurance MAA ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	PCP office visit copay ¹⁴	Level 2 coinsurance	Level 3 coinsurance MAA
Physician services – office call to providers in specialties other than above	Specialist office visit copay ¹⁴	Level 2 coinsurance	Level 3 coinsurance MAA
Physician services – urgent care center	Specialist office visit copay ¹⁴	Specialist office visit copay ¹⁴	Specialist office visit copay ¹⁴
Physician hospital visits	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Diagnostic X-ray / EKG / Ultrasound	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Diagnostic laboratory tests	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Allergy and therapeutic injections	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Maternity delivery care – professional services only	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient rehabilitation therapy – 30 days/year max	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient at hospital-based facility	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
<i>Hospital care</i>			
Inpatient services ⁷	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Inpatient rehabilitation therapy – 30 days/year max	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
<i>Emergency services</i>			
Outpatient emergency room services	\$250 per visit, then Level 1 coinsurance ^{3,4}		
Inpatient admission from emergency room	Level 1 coinsurance		
Emergency ground ambulance transport – 3 trips/year max	Level 1 coinsurance		
Emergency air ambulance transport – 1 trip/year max	Level 1 coinsurance		
<i>Behavioral services – substance use disorder and mental health conditions</i>			
Inpatient ⁸	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient – office visits ⁸	PCP office visit copay ¹⁴	Not applicable	Level 3 coinsurance MAA
Outpatient – other ⁸	Level 1 coinsurance	Not applicable	Level 3 coinsurance MAA
<i>Other services</i>			
Durable medical equipment	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Prosthetic devices / Orthotic devices	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Medical supplies – including allergy serum and injected substances	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Diabetes management – one initial program ⁹	PCP office visit copay ¹⁴	Level 2 coinsurance	Level 3 coinsurance MAA
Blood, blood plasma, blood derivatives	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
TMJ services – \$500/lifetime max	50% contract rate	50% contract rate	50% MAA
Home infusion therapy	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Skilled nursing facility care – 60 days/year max	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Hospice services	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Home health visits	Level 1 coinsurance	Level 2 coinsurance	Level 3 coinsurance MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶		

Footnotes can be found on page 41.

PPO Advantage LX

The plans below have separate in- and out-of-network deductibles and out-of-pocket maximums. Refer to the plan overviews for details.

Plan names	Office visit cost-share		Deductible ¹		Coinsurance			OOPM ¹⁰	
	PCP	Specialist	Individual	Family	In-Net	ASC	OON	Individual	Family
LX20-500-2-4000	\$20	\$20	\$500	\$1,000	20%	15%	40%	\$4,000	\$8,000
LX25-1000-2-5000	\$25	\$25	\$1,000	\$2,000	20%	15%	40%	\$5,000	\$10,000



<i>Physician / Professional / Outpatient care</i>	<i>PPO network</i>	<i>Out-of-network</i>
Preventive care	No charge	Coinsurance out-of-network MAA ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – office call to providers in specialties other than above	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – urgent care center	\$50 per visit ³	\$50 per visit and MAA ³
Physician hospital visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic X-ray / EKG / Ultrasound	Coinsurance PPO network ³	Coinsurance out-of-network MAA
Diagnostic laboratory tests	Coinsurance PPO network ³	Coinsurance out-of-network MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Coinsurance PPO network ³	Coinsurance out-of-network MAA
Allergy and therapeutic injections	Coinsurance PPO network	Coinsurance out-of-network MAA
Maternity delivery care – professional services only	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC coinsurance	Coinsurance out-of-network MAA
Outpatient at hospital-based facility	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Hospital care</i>		
Inpatient services ⁷	Coinsurance PPO network	Coinsurance out-of-network MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Emergency services</i>		
Outpatient emergency room services ^{3,4}	\$250 per visit, then coinsurance PPO network	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance PPO network	
Emergency air ambulance transport – 1 trip/year max	Coinsurance PPO network	
<i>Behaviorial services – substance use disorder and mental health conditions</i>		
Inpatient ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient – office visits ⁸	Office visit copay ³	Coinsurance out-of-network MAA
Outpatient – other ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Other services</i>		
Durable medical equipment	Coinsurance PPO network	Coinsurance out-of-network MAA
Prosthetic devices / orthotic devices	Coinsurance PPO network	Coinsurance out-of-network MAA
Medical supplies – including allergy serum and injected substances	Coinsurance PPO network	Coinsurance out-of-network MAA
Diabetes management – one initial program ⁹	Office visit copay per program ³	Coinsurance out-of-network MAA
Blood, blood plasma, blood derivatives	Coinsurance PPO network	Coinsurance out-of-network MAA
TMJ services – \$500/lifetime max	50% contract rate	50% MAA
Home infusion therapy	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Coinsurance PPO network	Coinsurance out-of-network MAA
Skilled nursing facility care – 60 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Hospice services	Coinsurance PPO network	Coinsurance out-of-network MAA
Home health visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶	
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 41.

PPO Advantage

The plans below have separate in- and out-of-network deductibles and out-of-pocket maximums. Refer to the plan overviews for details.

Plan names	Office visit cost-share		Deductible ¹		Coinsurance			OOPM ¹⁰	
	PCP	Specialist	Individual	Family	In-Net	ASC	OON	Individual	Family
A15-250-2-4000	\$15	\$15	\$250	\$500	20%	15%	40%	\$4,000	\$8,000
A20-500-2-4000	\$20	\$20	\$500	\$1,000	20%	15%	40%	\$4,000	\$8,000
A20-750-2-5000	\$20	\$20	\$750	\$1,500	20%	15%	40%	\$5,000	\$10,000
A25-1000-2-5000	\$25	\$25	\$1,000	\$2,000	20%	15%	40%	\$5,000	\$10,000
A20-1000-2-5000	\$20	\$20	\$1,000	\$2,000	20%	15%	40%	\$5,000	\$10,000
A30-1500-2-6600	\$30	\$30	\$1,500	\$3,000	20%	15%	40%	\$6,600	\$13,200
A20-2000-2-6600	\$20	\$20	\$2,000	\$4,000	20%	15%	40%	\$6,600	\$13,200
A30-2500-3-6600	\$30	\$30	\$2,500	\$5,000	30%	25%	50%	\$6,600	\$13,200
A30-3000-2-7350	\$30	\$30	\$3,000	\$6,000	20%	15%	40%	\$7,350	\$14,700
A35-3000-3-7350	\$35	\$35	\$3,000	\$6,000	30%	25%	50%	\$7,350	\$14,700
A35-5000-2-7350	\$35	\$35	\$5,000	\$10,000	20%	15%	40%	\$7,350	\$14,700
A35-5000-3-7350	\$35	\$35	\$5,000	\$10,000	30%	25%	50%	\$7,350	\$14,700



Footnotes can be found on page 41.

<i>Physician / Professional / Outpatient care</i>	<i>PPO network</i>	<i>Out-of-network</i>
Preventive care	No charge	Coinsurance out-of-network MAA ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – office call to providers in specialties other than above	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – urgent care center	\$50 per visit ³	\$50 per visit and MAA ³
Physician hospital visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic X-ray / EKG / Ultrasound	Coinsurance PPO network ³	Coinsurance out-of-network MAA
Diagnostic laboratory tests	Coinsurance PPO network ³	Coinsurance out-of-network MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Coinsurance PPO network	Coinsurance out-of-network MAA
Allergy and therapeutic injections	Coinsurance PPO network	Coinsurance out-of-network MAA
Maternity delivery care – professional services only	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC coinsurance	Coinsurance out-of-network MAA
Outpatient at hospital-based facility	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Hospital care</i>		
Inpatient services ⁷	Coinsurance PPO network	Coinsurance out-of-network MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Emergency services</i>		
Outpatient emergency room services ^{3,4}	\$250 per visit, then coinsurance PPO network	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance PPO network	
Emergency air ambulance transport – 1 trip/year max	Coinsurance PPO network	
<i>Behaviorial services – substance use disorder and mental health conditions</i>		
Inpatient ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient – office visits ⁸	Office visit copay ³	Coinsurance out-of-network MAA
Outpatient – other ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Other services</i>		
Durable medical equipment	Coinsurance PPO network	Coinsurance out-of-network MAA
Prosthetic devices / orthotic devices	Coinsurance PPO network	Coinsurance out-of-network MAA
Medical supplies – including allergy serum and injected substances	Coinsurance PPO network	Coinsurance out-of-network MAA
Diabetes management – one initial program ⁹	Office visit copay per program ³	Coinsurance out-of-network MAA
Blood, blood plasma, blood derivatives	Coinsurance PPO network	Coinsurance out-of-network MAA
TMJ services – \$500/lifetime max	50% contract rate	50% MAA
Home infusion therapy	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Coinsurance PPO network	Coinsurance out-of-network MAA
Skilled nursing facility care – 60 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Hospice services	Coinsurance PPO network	Coinsurance out-of-network MAA
Home health visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶	
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 41.

PPO Advantage Value

The plans below have separate in- and out-of-network deductibles and out-of-pocket maximums. Refer to the plan overviews for details.

Plan names	Office visit cost-share		Deductible ¹		Coinsurance			OOPM ¹⁰	
	PCP	Specialist	Individual	Family	In-Net	ASC	OON	Individual	Family
V20-500-2-4000	\$20	\$20	\$500	\$1,000	20%	15%	40%	\$4,000	\$8,000
V25-1000-2-5000	\$25	\$25	\$1,000	\$2,000	20%	15%	40%	\$5,000	\$10,000
V30-2000-2-6000	\$30	\$30	\$2,000	\$4,000	20%	15%	40%	\$6,000	\$12,000
V35-5000-2-7350	\$35	\$35	\$5,000	\$10,000	20%	15%	40%	\$7,350	\$14,700
V40-6000-2-8150	\$40	\$40	\$6,000	\$12,000	20%	15%	40%	\$8,150	\$16,300



Footnotes can be found on page 41.

<i>Physician / Professional / Outpatient care</i>	<i>PPO network</i>	<i>Out-of-network</i>
Preventive care	No charge	Coinsurance out-of-network MAA ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – office call to providers in specialties other than above	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – urgent care center	\$50 per visit ³	\$50 per visit and MAA ³
Physician hospital visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic X-ray / EKG / Ultrasound	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic laboratory tests	Coinsurance PPO network	Coinsurance out-of-network MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Coinsurance PPO network	Coinsurance out-of-network MAA
Allergy and therapeutic injections	Coinsurance PPO network	Coinsurance out-of-network MAA
Maternity delivery care – professional services only	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC coinsurance	Coinsurance out-of-network MAA
Outpatient at hospital-based facility	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Hospital care</i>		
Inpatient services ⁷	Coinsurance PPO network	Coinsurance out-of-network MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Emergency services</i>		
Outpatient emergency room services	Coinsurance PPO network	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance PPO network	
Emergency air ambulance transport – 1 trip/year max	Coinsurance PPO network	
<i>Behaviorial services – substance use disorder and mental health conditions</i>		
Inpatient ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient – office visits ⁸	Office visit copay ³	Coinsurance out-of-network MAA
Outpatient – other ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Other services</i>		
Durable medical equipment	Coinsurance PPO network	Coinsurance out-of-network MAA
Prosthetic devices / orthotic devices	Coinsurance PPO network	Coinsurance out-of-network MAA
Medical supplies – including allergy serum and injected substances	Coinsurance PPO network	Coinsurance out-of-network MAA
Diabetes management – one initial program ⁹	Office visit copay per program ³	Coinsurance out-of-network MAA
Blood, blood plasma, blood derivatives	Coinsurance PPO network	Coinsurance out-of-network MAA
TMJ services – \$500/lifetime max	50% contract rate	50% MAA
Home infusion therapy	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Coinsurance PPO network	Coinsurance out-of-network MAA
Skilled nursing facility care – 60 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Hospice services	Coinsurance PPO network	Coinsurance out-of-network MAA
Home health visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶	
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 41.

PPO Fifty

Plan names	Office visit cost-share	Deductible ¹		Individual out-of-pocket maximum ¹⁰		Family out-of-pocket maximum ¹⁰	
		PPO network	Out-of-network	PPO network	Out-of-network	PPO network	Out-of-network
50/50-2500	50%	No deductible		\$2,500	\$7,500	\$5,000	\$15,000
50/50-3500	50%	No deductible		\$3,500	\$10,500	\$7,000	\$21,000
50/50-5000	50%	No deductible		\$5,000	\$15,000	\$10,000	\$30,000



<i>Physician / Professional / Outpatient care</i>	<i>PPO network</i>	<i>Out-of-network</i>
Preventive care	No charge	50% MAA
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	50% contract rate	50% MAA
Physician services – office call to providers in specialties other than above	50% contract rate	50% MAA
Physician services – urgent care center	50% contract rate	50% MAA
Physician hospital visits	50% contract rate	50% MAA
Diagnostic X-ray / EKG / Ultrasound	50% contract rate	50% MAA
Diagnostic laboratory tests	50% contract rate	50% MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	50% contract rate	50% MAA
Allergy and therapeutic injections	50% contract rate	50% MAA
Maternity delivery care – professional services only	50% contract rate	50% MAA
Outpatient rehabilitation therapy – 30 days/year max	50% contract rate	50% MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	45% contract rate	50% MAA
Outpatient at hospital-based facility	50% contract rate	50% MAA
<i>Hospital care</i>		
Inpatient services ⁷	50% contract rate	50%
Inpatient rehabilitation therapy – 30 days/year max	50% contract rate	50%
<i>Emergency services</i>		
Outpatient emergency room services	50% contract rate	50%
Inpatient admission from emergency room	50% contract rate	50%
Emergency ground ambulance transport – 3 trips/year max		50%
Emergency air ambulance transport – 1 trip/year max		50%
<i>Behaviorial services – substance use disorder and mental health conditions</i>		
Inpatient ⁸	50% contract rate	50% MAA
Outpatient – office visits ⁸	50% contract rate	50% MAA
Outpatient – other ⁸	50% contract rate	50% MAA
<i>Other services</i>		
Durable medical equipment	50% contract rate	50% MAA
Prosthetic devices / orthotic devices	50% contract rate	50% MAA
Medical supplies – including allergy serum and injected substances	50% contract rate	50% MAA
Diabetes management – one initial program ⁹	50% contract rate per program	50% MAA
Blood, blood plasma, blood derivatives	50% contract rate	50% MAA
TMJ services – \$500/lifetime max	50% contract rate	50% MAA
Home infusion therapy	50% contract rate	50% MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	50% contract rate	50% MAA
Skilled nursing facility care – 60 days/year max	50% contract rate	50% MAA
Hospice services	50% contract rate	50% MAA
Home health visits	50% contract rate	50% MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶	
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 41.

PPO Essentials

First Dollar

\$500 lab/X-ray/advanced imaging

The plans below have separate in- and out-of-network deductibles and out-of-pocket maximums. Refer to the plan overviews for details.

Plan names	Office visit cost-share		Deductible ¹		Coinsurance			OOPM ¹⁰	
	PCP	Specialist	Individual	Family	In-Net	ASC	OON	Individual	Family
FE25-1000-2-5000	\$25	\$50	\$1,000	\$2,000	20%	15%	40%	\$5,000	\$10,000
FE25-1500-2-7350	\$25	\$50	\$1,500	\$3,000	20%	15%	40%	\$7,350	\$14,700
FE30-2000-2-7350	\$30	\$60	\$2,000	\$4,000	20%	15%	40%	\$7,350	\$14,700
FE35-3000-2-7350	\$35	\$70	\$3,000	\$6,000	20%	15%	40%	\$7,350	\$14,700
FE35-5000-2-7350	\$35	\$70	\$5,000	\$10,000	20%	15%	40%	\$7,350	\$14,700
FE50-5000-5-7350	\$50	\$100	\$5,000	\$10,000	50%	45%	50%	\$7,350	\$14,700
FE5000-3-8150	30%	30%	\$5,000	\$10,000	30%	25%	50%	\$8,150	\$16,300
FE50/50-3500	50%	50%	No Deductible	No Deductible	50%	45%	50%	\$3,500	\$7,000
FE50/50-5000	50%	50%	No Deductible	No Deductible	50%	45%	50%	\$5,000	\$10,000



<i>Physician / Professional / Outpatient care</i>	<i>PPO network</i>	<i>Out-of-network</i>
Preventive care	No charge	Coinsurance out-of-network MAA
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – office call to providers in specialties other than above	Specialty office visit copay ³	Coinsurance out-of-network MAA
Physician services – urgent care center	Urgent care cost-share ³	Urgent care cost-share and MAA
Physician hospital visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic X-ray / EKG / Ultrasound ¹³	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic laboratory tests ¹³	Coinsurance PPO network	Coinsurance out-of-network MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test ¹³	Coinsurance PPO network	Coinsurance out-of-network MAA
Allergy and therapeutic injections	Coinsurance PPO network	Coinsurance out-of-network MAA
Maternity delivery care – professional services only	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC coinsurance	Coinsurance out-of-network MAA
Outpatient at hospital-based facility	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Hospital care</i>		
Inpatient services ⁷	Coinsurance PPO network	Coinsurance out-of-network MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Emergency services</i>		
Outpatient emergency room services	Coinsurance PPO network	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance PPO network	
Emergency air ambulance transport – 1 trip/year max	Coinsurance PPO network	
<i>Behaviorial services – substance use disorder and mental health conditions</i>		
Inpatient ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient – office visits ⁸	Office visit copay ³	Coinsurance out-of-network MAA
Outpatient – other ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Other services</i>		
Durable medical equipment	Coinsurance PPO network	Coinsurance out-of-network MAA
Prosthetic devices / orthotic devices	Coinsurance PPO network	Coinsurance out-of-network MAA
Medical supplies – including allergy serum and injected substances	Coinsurance PPO network	Coinsurance out-of-network MAA
Diabetes management – one initial program ⁹	Office visit copay per program ³	Coinsurance out-of-network MAA
Blood, blood plasma, blood derivatives	Coinsurance PPO network	Coinsurance out-of-network MAA
TMJ services – \$500/lifetime max	50% contract rate	50% MAA
Home infusion therapy	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Coinsurance PPO network	Coinsurance out-of-network MAA
Skilled nursing facility care – 60 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Hospice services	Coinsurance PPO network	Coinsurance out-of-network MAA
Home health visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶	
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 41.

PPO Essentials

The plans below have separate in- and out-of-network deductibles and out-of-pocket maximums. Refer to the plan overviews for details.

Plan names	Office visit cost-share		Deductible ¹		Coinsurance			OOPM ¹⁰	
	PCP	Specialist	Individual	Family	In-Net	ASC	OON	Individual	Family
E25-1000-2-5000	\$25	\$50	\$1,000	\$2,000	20%	15%	40%	\$5,000	\$10,000
E30-2000-2-6600	\$30	\$60	\$2,000	\$4,000	20%	15%	40%	\$6,600	\$13,200
E35-3000-2-7350	\$35	\$70	\$3,000	\$6,000	20%	15%	40%	\$7,350	\$14,700
E35-5000-2-7350	\$35	\$70	\$5,000	\$10,000	20%	15%	40%	\$7,350	\$14,700
E50-5000-5-7350	\$50	\$100	\$5,000	\$10,000	50%	45%	50%	\$7,350	\$14,700
E5000-3-7350	30%	30%	\$5,000	\$10,000	30%	25%	50%	\$7,350	\$14,700
E5000-5-7350	50%	50%	\$5,000	\$10,000	50%	45%	50%	\$7,350	\$14,700
E6000-5-8150	50%	50%	\$6,000	\$12,000	50%	45%	50%	\$8,150	\$16,300
E7000-3-8150	30%	30%	\$7,000	\$14,000	30%	25%	50%	\$8,150	\$16,300
E7000-5-8150	50%	50%	\$7,000	\$14,000	50%	45%	50%	\$8,150	\$16,300



<i>Physician / Professional / Outpatient care</i>	<i>PPO network</i>	<i>Out-of-network</i>
Preventive care	No charge	Coinsurance out-of-network MAA
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	Office visit copay ³	Coinsurance out-of-network MAA
Physician services – office call to providers in specialties other than above	Specialty office visit copay ³	Coinsurance out-of-network MAA
Physician services – urgent care center	Urgent care cost-share ³	Urgent care cost-share and MAA
Physician hospital visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic X-ray / EKG / Ultrasound ¹³	Coinsurance PPO network	Coinsurance out-of-network MAA
Diagnostic laboratory tests ¹³	Coinsurance PPO network	Coinsurance out-of-network MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test ¹³	Coinsurance PPO network	Coinsurance out-of-network MAA
Allergy and therapeutic injections	Coinsurance PPO network	Coinsurance out-of-network MAA
Maternity delivery care – professional services only	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC coinsurance	Coinsurance out-of-network MAA
Outpatient at hospital-based facility	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Hospital care</i>		
Inpatient services ⁷	Coinsurance PPO network	Coinsurance out-of-network MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Emergency services</i>		
Outpatient emergency room services	Coinsurance PPO network	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance PPO network	
Emergency air ambulance transport – 1 trip/year max	Coinsurance PPO network	
<i>Behaviorial services – substance use disorder and mental health conditions</i>		
Inpatient ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient – office visits ⁸	Office visit copay ³	Coinsurance out-of-network MAA
Outpatient – other ⁸	Coinsurance PPO network	Coinsurance out-of-network MAA
<i>Other services</i>		
Durable medical equipment	Coinsurance PPO network	Coinsurance out-of-network MAA
Prosthetic devices / orthotic devices	Coinsurance PPO network	Coinsurance out-of-network MAA
Medical supplies – including allergy serum and injected substances	Coinsurance PPO network	Coinsurance out-of-network MAA
Diabetes management – one initial program ⁹	Office visit copay per program ³	Coinsurance out-of-network MAA
Blood, blood plasma, blood derivatives	Coinsurance PPO network	Coinsurance out-of-network MAA
TMJ services – \$500/lifetime max	50% contract rate	50% MAA
Home infusion therapy	Coinsurance PPO network	Coinsurance out-of-network MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Coinsurance PPO network	Coinsurance out-of-network MAA
Skilled nursing facility care – 60 days/year max	Coinsurance PPO network	Coinsurance out-of-network MAA
Hospice services	Coinsurance PPO network	Coinsurance out-of-network MAA
Home health visits	Coinsurance PPO network	Coinsurance out-of-network MAA
Health education – \$150/year max for all qualifying classes	Any charges over maximum reimbursement of \$50/qualifying class ⁶	
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 41.

High Deductible *Health Plans*

HDHP plans also available for integration with HealthEquity

Plan names	Office visit cost-share	Individual comprehensive deductible ¹¹		Family comprehensive deductible ¹¹		Coinsurance		Individual out-of-pocket maximum ¹⁰		Family out-of-pocket maximum ¹⁰	
		PPO network	Out-of-network	PPO network	Out-of-network	PPO network (ASC/all other)	Out-of-network	PPO network	Out-of-network	PPO network	Out-of-network
HD300010060 w/HD100	0%	\$3,000	\$6,000	\$6,000	\$12,000	0%	40%	\$3,000	\$18,000	\$6,000	\$36,000

Plan names	Office visit cost-share	Individual embedded deductible ¹¹		Family embedded deductible ¹¹		Coinsurance		Individual out-of-pocket maximum ¹⁰		Family out-of-pocket maximum ¹⁰	
		PPO network	Out-of-network	PPO network	Out-of-network	PPO network (ASC/all other)	Out-of-network	PPO network	Out-of-network	PPO network	Out-of-network
HDE28008060 w/HD80	20%	\$2,800	\$5,600	\$5,600	\$11,200	15% / 20%	40%	\$5,600	\$16,800	\$11,200	\$33,600
HDE35008060 w/HD80	20%	\$3,500	\$7,000	\$7,000	\$14,000	15% / 20%	40%	\$6,550	\$19,650	\$13,100	\$39,300
HDE50008060 w/HD80	20%	\$5,000	\$10,000	\$10,000	\$20,000	15% / 20%	40%	\$6,750	\$20,250	\$13,500	\$40,500
HD650010060 w/HD100	0%	\$6,500	\$13,000	\$13,000	\$26,000	0%	40%	\$6,500	\$19,500	\$13,000	\$39,000

Prescription benefits – NMSLHD80 and NMSLHD100

This is a supplemental prescription benefit schedule for high deductible health plans (HDHP). These pharmacy riders are included with all HDHP medical plans. The medical plan deductible applies. Once the deductible has been met, prescription benefits are covered with a coinsurance for all tiers (0% or 20% depending on the plan selected).

<i>Physician / Professional / Outpatient care</i>	<i>PPO network</i>	<i>Out-of-network</i>
Preventive care	No charge	40% MAA ³
Physician services – office call to providers in family practice, pediatrics, internal medicine, naturopath, general practice, obstetrics/gynecology	Coinsurance contract rate	40% MAA
Physician services – office call to providers in specialties other than above	Coinsurance contract rate	40% MAA
Physician services – urgent care center	Coinsurance contract rate	20% MAA
Physician hospital visits	Coinsurance contract rate	40% MAA
Diagnostic X-ray / EKG / Ultrasound	Coinsurance contract rate	40% MAA
Diagnostic laboratory tests	Coinsurance contract rate	40% MAA
CT / MRI / PET / SPECT / EEG / Holter monitor / Stress test	Coinsurance contract rate	40% MAA
Allergy and therapeutic injections	Coinsurance contract rate	40% MAA
Maternity delivery care – professional services only	Coinsurance contract rate	40% MAA
Outpatient rehabilitation therapy – 30 days/year max	Coinsurance contract rate	40% MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC coinsurance	40% MAA
Outpatient at hospital-based facility	Coinsurance contract rate	40% MAA
<i>Hospital care</i>		
Inpatient services ⁷	Coinsurance contract rate	40% MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance contract rate	40% MAA
<i>Emergency services</i>		
Outpatient emergency room services	Coinsurance contract rate	Coinsurance
Inpatient admission from emergency room	Coinsurance contract rate	Coinsurance
Emergency ground ambulance transport – 3 trips/year max		Coinsurance
Emergency air ambulance transport – 1 trip/year max		Coinsurance
<i>Behaviorial services – substance use disorder and mental health conditions</i>		
Inpatient ⁸	Coinsurance contract rate	40% MAA
Outpatient – office visits ⁸	Coinsurance contract rate	40% MAA
Outpatient – other ⁸	Coinsurance contract rate	40% MAA
<i>Other services</i>		
Durable medical equipment	Coinsurance contract rate	40% MAA
Prosthetic devices / orthotic devices	Coinsurance contract rate	40% MAA
Medical supplies – including allergy serum and injected substances	Coinsurance contract rate	40% MAA
Diabetes management – one initial program ⁹	Coinsurance contract rate	40% MAA
Blood, blood plasma, blood derivatives	Coinsurance contract rate	40% MAA
TMJ services – \$500/lifetime max	Coinsurance contract rate	50% MAA
Home infusion therapy	Coinsurance contract rate	40% MAA
Outpatient chemotherapy – non-oral anticancer medications and administration	Coinsurance contract rate	40% MAA
Skilled nursing facility care – 60 days/year max	Coinsurance contract rate	40% MAA
Hospice services	Coinsurance contract rate	40% MAA
Home health visits	Coinsurance contract rate	40% MAA
Health education – \$150/year max for all qualifying classes	Not covered	Not covered out-of-network
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 41.

Pharmacy

Affordable plan choices, valuable coverage

Prescription drug coverage is an essential part of everyday health. With our plan choices, you can help your clients get the coverage their employees need and still stay within their health care budget.

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. To view the current EDL, go to www.healthnet.com/broker > *Pharmacy Plan Information*; then make your selection under Drug Lists. We have a mail order program that provides an easy way to order up to a 90-day supply.

Tobacco cessation medications and pharmacy-dispensed women's contraceptive methods are covered at no charge to the member when dispensed with a prescription.



Specialty Pharmacy

Certain drugs identified on the EDL with the designation “SP” are classified as Specialty Pharmacy drugs. Specialty Pharmacy drugs are biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and have significantly higher cost than traditional pharmacy benefit drugs. Specialty Pharmacy medications are shipped to the member or his or her provider from an approved Specialty Pharmacy vendor. Unless otherwise indicated, the member share on Specialty Pharmacy drugs is 20% to a maximum of \$250 (per fill, up to a 30-day supply).

Pharmacy benefits are included in the pharmacy out-of-pocket maximums.

Prescription (Rx) out-of-pocket maximum (OOPM)

All prescription out-of-pocket maximums cross-accumulate to the medical out-of-pocket maximums. This means that the pharmacy copayment and coinsurance amounts apply to the medical OOPM, and they accumulate together.

Pharmacy Plans

No MAC

No-deductible plans	In-pharmacy (30-day supply)			Mail order (90-day supply)			MAC policy	Specialty Drug
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3		
Pharmacy plan								
NMSL5-10-25	\$5	\$10	\$25	\$10	\$20	\$50	No MAC	20% up to \$250
NMSL10-20-40	\$10	\$20	\$40	\$20	\$40	\$80	No MAC	20% up to \$250
NMSL10-35-60	\$10	\$35	\$60	\$20	\$70	\$120	No MAC	20% up to \$250
NMSL10-50-75	\$10	\$50	\$75	\$20	\$100	\$150	No MAC	20% up to \$250
NMSL15-30-50	\$15	\$30	\$50	\$30	\$60	\$100	No MAC	20% up to \$250
NMSL15-40-65	\$15	\$40	\$65	\$30	\$80	\$130	No MAC	20% up to \$250
NMSL15-30%-50%	\$15	30%	50%	\$30	30%	50%	No MAC	50%

Deductible plans	In-pharmacy (30-day supply)			Deductible T2/T3	Mail order (90-day supply)			MAC policy	Specialty Drug
	Tier 1	Tier 2	Tier 3		Tier 1	Tier 2	Tier 3		
Pharmacy plan									
NMSL10-35-60-100D	\$10	\$35	\$60	\$100	\$20	\$70	\$120	No MAC	20% up to \$250
NMSL10-35-60-250D	\$10	\$35	\$60	\$250	\$20	\$70	\$120	No MAC	20% up to \$250

Deductible does not apply to tier 1.

MAC A

Member must pay the difference between the generic and brand cost plus applicable copayment/coinsurance if a brand is requested.

Pharmacy plan	In-pharmacy (30-day supply)			Mail order (90-day supply)			Specialty Drug
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
MASL10-10-DR	\$10	\$10	Member pays 100% of HN discounted rate	\$20	\$20	Member pays 100% at HN discounted rate	20% up to \$250
MASL10-20%-DR	The greater of \$10 or 20%	The greater of \$10 or 20%	Member pays 100% of HN discounted rate	The greater of \$20 or 20%	The greater of \$20 or 20%	Member pays 100% at HN discounted rate	20% up to \$250
MASL15-50%-DR	The greater of \$15 or 50%	The greater of \$15 or 50%	Member pays 100% of HN discounted rate	The greater of \$30 or 50%	The greater of \$30 or 50%	Member pays 100% at HN discounted rate	20% up to \$250
MASL25-50%-DR	\$25	50%	Member pays 100% of HN discounted rate	\$50	50%	Member pays 100% at HN discounted rate	50%

Oral anticancer drugs for all plans listed on this page

Orally administered anticancer medications tier 10% to a maximum of \$150 in-pharmacy (30-day supply); mail order not available.

WellNet

WellNet benefits are included with our entire portfolio which gives our group members access to chiropractic, acupuncture, naturopathic medicine, and massage therapy services, 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. Large business groups may elect to purchase a higher maximum benefit.



<i>Benefits</i>	<i>WellNet plan CAM 15-1000 (Core)</i>	<i>WellNet buy-up plan CAM 15-1500 (Optional)</i>
Chiropractic and acupuncture	\$15 per visit	\$15 per visit
Massage therapy	\$25 per visit	\$25 per visit
Massage therapy benefits limits	18 visits per year	27 visits per year
Benefit maximum ¹²	\$1,000 per calendar year (massage therapy and acupuncture combined)	\$1,500 per calendar year (massage therapy and acupuncture combined)

<i>Benefits</i>	<i>WellNet buy-up plan CAM 15-1000 Plus (Optional adds OON)</i>		<i>WellNet buy-up plan CAM 15-1500 Plus (Optional adds OON)</i>	
	In-network	Out-of-network	In-network	Out-of-network
Chiropractic and acupuncture	\$15 per visit	20%	\$15 per visit	20%
Massage therapy	\$25 per visit	20%	\$25 per visit	20%
Massage therapy benefits limits	18 visits per year		27 visits per year	
Benefit maximum ¹²	\$1,000 per calendar year (massage therapy and acupuncture in- and out-of-network combined)		\$1,500 per calendar year (massage therapy and acupuncture in- and out-of-network combined)	

The naturopathic office visit cost-share is based on the medical plan PCP office visit.

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

Footnotes can be found on page 41.

Dental Plans

That Make Them Smile

Health Net Dental plans give your clients exactly what they're looking for – value, flexibility and simplicity. These affordable dental plans offer comprehensive coverage and provide access to a large dental network.

Plus plans:

- Details on the next page for orthodontia coverage.
- Endodontics, periodontics and oral surgery are reimbursed at tier 2 (Basic).
- Hold harmless on MAA if network provider used; otherwise, no benefit distinction in- versus out-of-network.
- MAA is 90th percentile of HIAA.

Value plans:

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

Preferred:

- PPO-type dental plan, higher benefit in-network.
- DP 25 and DP 50: Endodontics, periodontics and oral surgery are covered at tier 2 (Basic); plans include orthodontia.
- DP 100: Endodontics, periodontics and oral surgery are covered at tier 3 (Major); does not include orthodontia.
- MAA is 90th percentile of HIAA for OON.

Essentials:

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



Optional Dental

Plus Dental

Benefits	D25-185-1500	D50-1855-1500	D100-1855-1000	D25-1855-1500	D25-1855-2000
Annual deductible per person	\$25	\$50	\$100	\$25	\$25
Annual plan maximum per person	\$1,500	\$1,500	\$1,000	\$1,500	\$2,000
Lifetime orthodontic services per person	Not covered	\$1,500	\$1,000	\$1,500	\$2,000
	In- and out-of-network	In- and out-of-network	In- and out-of-network	In- and out-of-network	In- and out-of-network
Diagnostic and preventive ¹	100%	100%	100%	100%	100%
Basic services	80%	80%	80%	80%	80%
Endodontic, periodontal and oral surgery	80%	80%	80%	80%	80%
Major services	50%	50%	50%	50%	50%
Orthodontic services	Not covered	50%	50%	50%	50%

Plus Dental (continued)

Benefits	D100-185-1000	D100-185-2000	D100-1855-2000
Annual deductible per person	\$100	\$100	\$100
Annual plan maximum per person	\$1,000	\$2,000	\$2,000
Lifetime orthodontic services per person	Not covered	Not covered	\$2,000
	In- and out-of-network	In- and out-of-network	In- and out-of-network
Diagnostic and preventive ¹	100%	100%	100%
Basic services	80%	80%	80%
Endodontic, periodontal and oral surgery	80%	80%	80%
Major services	50%	50%	50%
Orthodontic services	Not covered	Not covered	50%

Essentials Dental

Benefits	DE50-160-500	DP50-1855-1500	DP100-185-1000V
Annual deductible per person	\$50	\$50	\$100
Annual plan maximum per person	\$500	\$1,500	\$1,000
Lifetime orthodontic	Not covered	\$1,500	Not covered
Diagnostic and preventive ¹	100% in-network / 80% out-of-network	100% in-network / 80% out-of-network	100% in-network / 80% out-of-network
Basic services	60% in-network / 50% out-of-network	80% in-network / 60% out-of-network	80% in-network / 60% out-of-network
Endodontic, periodontal and oral surgery	Not covered	80% in-network / 60% out-of-network	50% in-network / 50% out-of-network
Major services	Not covered	50% in-network / 50% out-of-network	50% in-network / 50% out-of-network
Orthodontic services	Not covered	50% in-network / 50% out-of-network	Not covered

Preferred Plus Dental

Preferred Value Dental

Footnotes can be found on page 41.

<i>Benefits</i>	<i>D50-185-1000</i>	<i>D50-185-1500</i>	<i>D50-185-2000</i>	<i>D50-1855-2000</i>
Annual deductible per person	\$50	\$50	\$50	\$50
Annual plan maximum per person	\$1,000	\$1,500	\$2,000	\$2,000
Lifetime orthodontic services per person	Not covered	Not covered	Not covered	\$2,000
	<i>In- and out-of-network</i>	<i>In- and out-of-network</i>	<i>In- and out-of-network</i>	<i>In- and out-of-network</i>
Diagnostic and preventive ¹	100%	100%	100%	100%
Basic services	80%	80%	80%	80%
Endodontic, periodontal and oral surgery	80%	80%	80%	80%
Major services	50%	50%	50%	50%
Orthodontic services	Not covered	Not covered	Not covered	50%

<i>Benefits</i>	Value Dental		Fifty Dental
	<i>D50-185-1500V</i>	<i>D100-185-1000V</i>	<i>D100-555-1000V</i>
Annual deductible per person	\$50	\$100	\$100
Annual plan maximum per person	\$1,500	\$1,000	\$1,000
Lifetime orthodontic services per person	Not covered	Not covered	Not covered
	<i>In- and out-of-network</i>	<i>In- and out-of-network</i>	<i>In- and out-of-network</i>
Diagnostic and preventive ¹	100%	100%	50%
Basic services	80%	80%	50%
Endodontic, periodontal and oral surgery	50%	50%	50%
Major services	50%	50%	50%
Orthodontic services	Not covered	Not covered	Not covered

Health Net Dental underwriting guidelines

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

Integrated – The enrollment between subscribers and dependents for dental and medical must match exactly. A minimum of 5 employees must enroll. A minimum of 10 employees must enroll on a plan with orthodontia.

Standalone – Dental-only coverage without medical. A minimum of 10 employees must enroll, and 75 percent of those eligible must enroll.





Vision Plans

<i>Benefits</i>	<i>Elite 1010-1</i>	<i>Supreme 010-2</i>	<i>Preferred 1025-2</i>
Exam with dilation as necessary	\$10 copay	\$0 copay	\$10 copay
Exam options (fit and follow-up)			
Standard contact lenses	Up to \$55 copay	Up to \$55 copay	Up to \$55 copay
Premium contact lenses	10% discount	10% discount	10% discount
Eyewear, lenses and frames			
Single vision	\$10 copay	\$10 copay	\$25 copay
Bifocal	\$10 copay	\$10 copay	\$25 copay
Trifocal	\$10 copay	\$10 copay	\$25 copay
Lenticular	\$10 copay	\$10 copay	\$25 copay
Standard progressive lenses	\$75 copay	\$75 copay	\$75 copay
Premium progressive lenses	\$75, then 80% of total charges less \$120 allowance	\$75, then 80% of total charges less \$120 allowance	\$90, then 80% of total charges less \$120 allowance
Retail allowance for any frame at provider location	\$150 plus 20% off balance over allowance	\$120 plus 20% off balance over allowance	\$100 plus 20% off balance over allowance
Lens options			
UV coating	\$15 copay	\$15 copay	\$15 copay
Tint (solid and gradient)	\$15 copay	\$15 copay	\$15 copay
Standard scratch-resistant	\$15 copay	\$15 copay	\$15 copay
Standard polycarbonate	\$40 copay	\$40 copay	\$40 copay
Standard anti-reflective	\$45 copay	\$45 copay	\$45 copay
Other add-ons and services	20% discount	20% discount	20% discount
Contact lenses (Includes materials only)			
Conventional	\$120 allowance	\$105 allowance	\$90 allowance
Disposables	\$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
Medically necessary	\$0 copay plus balance over allowance	\$0 copay plus balance over allowance	\$0 copay plus balance over allowance
Laser vision correction LASIK or PRK from U.S. Laser Network	Paid in full	Paid in full	Paid in full
Secondary purchase plan			
Discounts on eyewear purchases after initial benefits utilized	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
Frequency			
Examination	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 24 months	Once every 24 months

Footnotes can be found on page 41.

Health Net Vision plans provide:

- A diverse network of independent and retail providers, including LensCrafters, Pearle Vision, Sears Optical, JC Penney Optical, and Target Optical.

- Low copayments.
- The option for employees and dependents to see any provider they choose, either in-network or out-of-network, and be covered under the plan.

<i>Benefits</i>	<i>Preferred 1025-3</i>	<i>Preferred Value 10-3</i>	<i>Plus 20-1</i>	<i>Exam only</i>
Exam with dilation as necessary	\$10 copay	Not covered	\$20 copay	\$0 copay
Exam options (fit and follow-up)				
Standard contact lenses	Up to \$55 copay	Not covered	Not covered	Not covered
Premium contact lenses	10% discount	Not covered	Not covered	Not covered
Eyewear, lenses and frames				
Single vision	\$25 copay	\$10 copay	\$50 copay	Not covered
Bifocal	\$25 copay	\$10 copay	\$70 copay	Not covered
Trifocal	\$25 copay	\$10 copay	\$105 copay	Not covered
Lenticular	\$25 copay	\$10 copay	N/A	Not covered
Standard progressive lenses	\$90 copay	\$75 copay	\$135 copay	Not covered
Premium progressive lenses	\$90, then 80% of total charges less \$120 allowance	\$75, then 80% of total charges less \$120 allowance	Not covered	Not covered
Retail allowance for any frame at provider location	\$100 plus 20% off balance over allowance	\$100, plus 20% off balance over allowance	35% discount off retail price	Not covered
Lens options				
UV coating	\$15 copay	\$15 copay	\$15 copay	Not covered
Tint (solid and gradient)	\$15 copay	\$15 copay	\$15 copay	Not covered
Standard scratch-resistant	\$15 copay	\$15 copay	\$15 copay	Not covered
Standard polycarbonate	\$40 copay	\$40 copay	\$40 copay	Not covered
Standard anti-reflective	\$45 copay	\$45 copay	\$45 copay	Not covered
Other add-ons and services	20% discount	20% discount	20% discount	Not covered
Contact lenses (Includes materials only)				
Conventional	\$90 allowance	\$90 allowance	\$0 allowance	Not covered
Disposables	\$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	Not covered
Medically necessary	\$0 copay plus balance over allowance	\$0 copay plus balance over allowance	None	Not covered
Laser vision correction LASIK or PRK from U.S. Laser Network	Paid in full	Paid in full	N/A	Not covered
Secondary purchase plan				
Discounts on eyewear purchases after initial benefits utilized	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	15% off retail price or 5% off promotional price
Discounts on eyewear purchases after initial benefits utilized	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail
Frequency				
Examination	Once every 12 months	Not covered	Once every 12 months	Once every 24 months
Lenses or contact lenses	Once every 24 months	Once every 24 months	Unlimited	Not covered
Frames	Once every 24 months	Once every 24 months	Unlimited	Not covered

Power Wellness!

Leverage Decision Power® today for a healthy, productive workforce! Wellness programs have the potential to improve the health and well-being of individual employees. In order to foster a healthy workforce with meaningful results, employers need to understand their populations' health risks, offer the right programs and apply them effectively. Health Net can help!

Health Net members already have access to a broad range of wellness resources through Decision Power.® Our Power Wellness! packages help employers harness and build on those resources to meet workplace wellness goals. Because when employees know their unique health risks, they can make healthier choices and live better.

Power Wellness! is designed for employers with company policies that encourage and support healthy behaviors and employee wellness. Talk to your Health Net sales consultant to find out which package is the best fit for your clients. Employers may even choose to combine packages to optimize their results.

We'll help you bring the power of wellness to any client's workforce.



Health Net's Power Wellness! options for employers

Start-Up – Health assessment package

A convenient package that can help any organization committed to making healthy changes get started building its employee wellness program. This package includes:

- A **wellness toolkit** to help employers promote their health risk assessment initiative and take the next steps to wellness.
- **Reporting** on aggregate Health Risk Questionnaire (HRQ) results for a deeper understanding of the organization's wellness needs (to ensure confidentiality, 50+ completions are required).

Screenings – Biometric screenings package

Health professionals from our trusted wellness partner can come to the workplace to help employees gain a deeper and more accurate understanding of their health. Employers will have access to discounts on these valued services through Health Net's preferred pricing. This package includes everything in our Start-Up package, plus **onsite biometric screenings**, with:

- Fingertstick test of total cholesterol (TC), HDL, TC/HDL ratio, and blood glucose.
- Body mass index from self-reported height and weight.
- Blood pressure and pulse readings.
- Feedback and counseling throughout the screening process, with reminders for high-risk employees to follow up with their physician.

Connect – Primary care physician (PCP) engagement package

This package encourages employees to learn more about their health and make a connection by reaching out to their PCP with their HRQ results. Employers will have access to discounts on these valued services through Health Net's preferred pricing. This package includes everything in our Start-Up package, plus:

- A **convenient, integrated incentive program**, offering gift cards (employers choose the value and are responsible for costs) to employees who complete the HRQ and visit their PCP to discuss the results.

HealthNet.com

Our dynamic website features simple navigation and easy-to-find information – giving you, your clients and our members a convenience-driven, interactive health plan experience. Here is a snapshot of what our site has to offer!

Health Net brokers

HealthNet.com guides you to the information you need with intuitive navigation and useful links:

- **My Alerts** – Displays Book of Business alerts, such as delinquent payments and rate changes.
- **View Member Coverage** – Allows you to look up eligibility for your members.
- **Quick Links** – Provides access to commonly used features on the website (accessible throughout the website).

Health Net employers

Online enrollment and billing allows your clients to manage enrollments and changes, pay their bills and run reports at www.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'll 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.

Health Net members

HealthNet.com helps our members do more online and easily find just what they're looking for!

- **My Health Plan** – View coverage and benefit details.
- **My Plan Activity** – Check the status of claims, authorizations, referrals, and appeals.
- **ProviderSearch** – Find doctors, urgent care centers, hospitals, medical groups, other facilities, and ancillary services.
- **Wellness Center** – Locate resources for every stage of health.
- **Member Support** – Order ID cards, find covered drugs, file a medical claim, and more.



Designed to help our members on the go, Health Net Mobile is the easiest way to connect to a HealthNet.com online account.

Footnotes and Disclaimers

The footnotes and disclaimers 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. Pending regulatory approval.

- ¹ Members must meet the specified deductible each calendar year (January 1 through December 31) before Health Net pays any claims.
- ² The medical and pharmacy out-of-pocket maximums cross-accumulate for all plans. The annual out-of-pocket maximum (OOPM) is the maximum dollar amount of copayment that the member is required to pay each calendar year for most covered services and supplies. Each January 1, the accumulation period renews and a new OOPM requirement begins. The OOPM includes the annual deductible. After reaching the OOPM in a calendar year, we will pay 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 nonparticipating provider services. Members are responsible for billed charges that exceed MAA.
- ³ Deductible is waived.
- ⁴ Copayment is waived if member is admitted.
- ⁵ When services are received from nonparticipating providers, reimbursement is based on the MAA we pay. Member is responsible for 20% of the MAA plus any additional amount in excess of the MAA.
- ⁶ Payments do not apply to the annual OOPM.
- ⁷ The coinsurance for inpatient hospital services is applicable for each admission for the hospitalization of an adult, pediatric or newborn patient. If a newborn patient requires admission to an intermediate or intensive care nursery, a separate coinsurance for inpatient hospital services will apply.
- ⁸ For mental health or substance use disorder services, members call 1-800-977-8216 (TTY: 1-800-735-2929).
- ⁹ Members are eligible for no-cost benefits for diabetes management from the beginning of a pregnancy for up to six weeks postpartum. For more information, please contact our Customer Contact Center (see number on back cover).
- ¹⁰ The medical and pharmacy out-of-pocket maximums cross-accumulate for all plans. The annual out-of-pocket maximum (OOPM) includes the annual deductible. After reaching the OOPM in a calendar year, we will pay covered services during the rest of that calendar year at 100% of our contract rates for PPO services and at 100% of the MAA for out-of-network (OON) services. Member is still responsible for OON-billed charges that exceed MAA.
- ¹¹ Members must meet the specified deductible each calendar year (January 1 through December 31) before Health Net pays any claims. Under family coverage (subscriber, spouse, child(ren)), each member's covered expenses count toward the deductible. Comprehensive plans specify the family coverage deductible must be met before Health Net pays any claims. Embedded plans specify the individual coverage deductible must be met before Health Net pays claims.
- ¹² Medical services provided by a naturopath do not apply to the WellNet alternative care calendar year benefit limit. The calendar year benefit maximum does not apply to chiropractic services.
- ¹³ The first \$500 combined costs for lab, X-ray and advanced imaging are covered by Health Net (no out-of-pocket costs to the member).
- ¹⁴ Deductible applies.

Optional Dental

- ¹ The deductible does not apply to diagnostic and preventive services.

Optional Vision

- ¹ Members receive an out-of-network allowance for all plans (except Plus 20-1), 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 a provider location up to a \$45 allowance; and contact lenses up to a \$105 allowance. Refer to your contract for terms and conditions of coverage.
- ² Members will receive a 20 percent discount on the 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.

*For more information, please contact
Health Net Health Plan of Oregon, Inc. (Health Net)*

Health Net

13221 SW 68th Pkwy., Ste. 200
Tigard, OR 97223
1-888-802-7001

Customer Contact Center

Monday through Friday, 7:30 a.m. to 5:00 p.m.
1-888-802-7001, option 1

Assistance for the hearing and speech impaired

Monday through Friday, 8:00 a.m. to 5:00 p.m.
TTY: 711

www.healthnet.com

When services are performed by a provider who is not in our PPO network, member expenses include a calendar year deductible, fixed dollar amounts for certain services, and the amount by which billed charges exceed the Maximum Allowable Amount (MAA) for other services. We pay out-of-network providers based on the MAA rates, not on billed amounts. The MAA may often be less than the amount a provider bills for a service. Out-of-network providers may therefore hold members responsible for amounts they charge that exceed the MAA we pay. Amounts that exceed our MAA are not covered and do not apply to the annual out-of-pocket maximum. Member responsibility for any amounts that exceed our MAA payment is shown on this schedule as MAA.

This document is only a summary of health coverage and presents general information only. Members should refer to their Plan Contract, which they will automatically receive after enrolling. The Plan Contract contains the terms and conditions, as well as the governing and exact contractual provisions, of Health Net Health Plan of Oregon, Inc. coverage. 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.

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.

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