

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

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

Effective January 1, 2020



Health Net®

Working Harder *for* Washington

Health Net is your source for large business portfolios in Washington 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 works together to ensure a smooth and positive experience – from sales to implementation and beyond.
- We make a positive difference by monitoring local issues throughout Washington, 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.

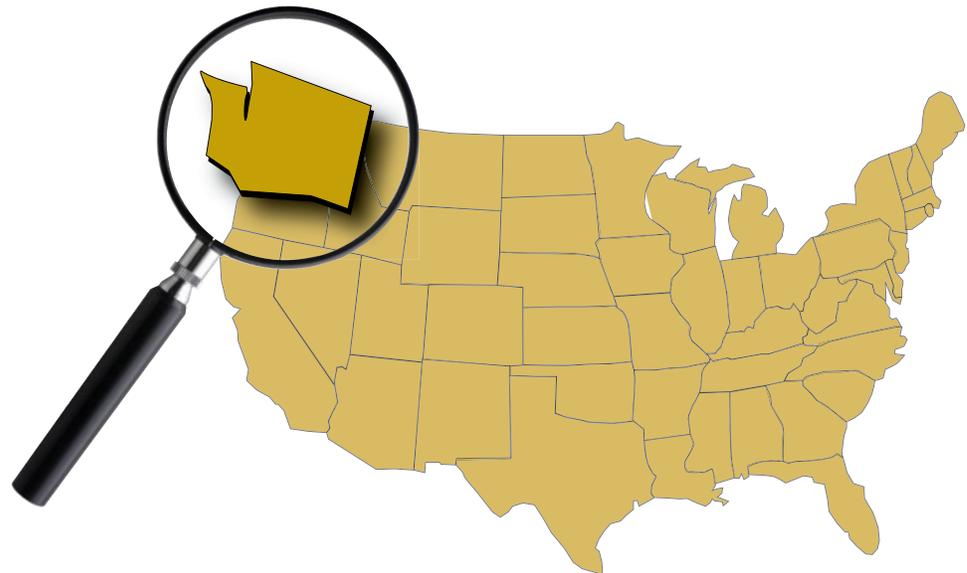


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Solutions *That Fit*

Our 2020 medical and pharmacy portfolios continue to provide more value and choice for consumers and employer groups.

2020 updates

- **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.

Extras that count

Every plan comes complete with valuable extras for our members:

- **Decision Power[®]** is an integrated program created to engage people in their own health. Decision Power features personalized tools to help members achieve their health 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.
- **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.

¹Administered by American Specialty Health Fitness, Inc.

A Closer Look

To make it easy for brokers to recommend the appropriate designs, our PPO plans are grouped into families, representing different levels of **flexibility** and **consumer choice**.

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.

Health Net PPO plans

(see benefit grids starting on page 6)

PPO Advantage LX

The most comprehensive of our two 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 DX

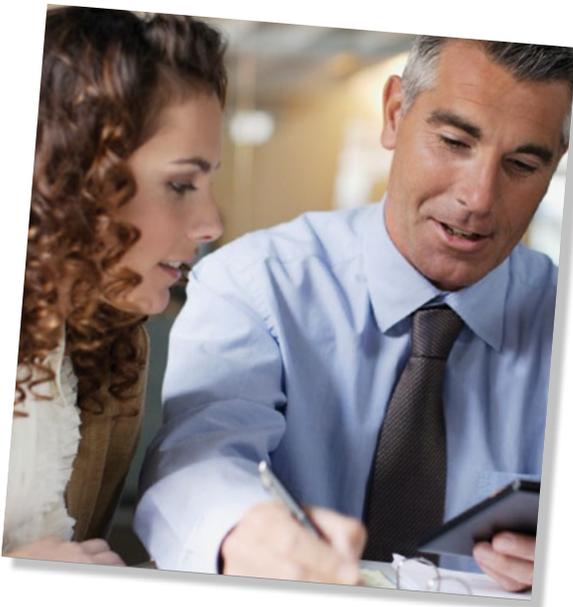
PPO Advantage DX plans are some of our most popular plan designs and offer a wide range of options. The deductible is waived for routine diagnostic lab and imaging services. The deductible applies to imaging categories such as MRIs, CT scans and EEGs.

PPO Advantage 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 Value Option

PPO Value Option helps meet affordability and control costs. Coinsurance applies for office visits with the deductible waived. Most other services are subject to a deductible and coinsurance.



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 can be offered alongside a Health Savings Account (HSA) or a Health Reimbursement Account (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. For more information, please contact your Health Net sales consultant.

High deductible health plans (HDHPs)

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 HDHPs 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 cost-effective medical choices, reducing overall medical expenses.

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.



Plans At-a-Glance

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 copay ^{3,4}	Deductible ¹		OOPM ⁷		Coinsurance		
	PCP/Spec	Individual	Family	Individual	Family	In-Net	ASC	OON
WA20-500-2-3000L	\$20	\$500	\$1,000	\$3,000	\$6,000	20%	15%	40%
WA25-1000-2-3500L	\$25	\$1,000	\$2,000	\$3,500	\$7,000	20%	15%	40%

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Physician / Professional / Outpatient care		
Physician services – office visit ⁴	Office visit copay ³	Coinsurance MAA
Physician services – preventive care, mammography, Pap/PSA test ⁴	No charge ³	Coinsurance MAA ³
Physician services – urgent care center ⁴	\$50/visit ³	\$50/visit MAA ³
Physician hospital visits	Coinsurance	Coinsurance MAA
Diagnostics – X-ray, laboratory tests, EKG, ultrasound	Coinsurance ³	Coinsurance MAA
Diagnostics – CT, MRI, PET, SPECT, EEG, Holter monitor, stress test	Coinsurance ³	Coinsurance MAA
Allergy and therapeutic injections	Coinsurance	Coinsurance MAA
Maternity delivery care – professional services only	Coinsurance	Coinsurance MAA
Outpatient rehabilitation therapy – 30 days/year max ⁵	Coinsurance	Coinsurance MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC	Coinsurance MAA
Outpatient at hospital-based facility	Coinsurance	Coinsurance MAA
Hospital care		
Inpatient services ¹⁰	Coinsurance	Coinsurance MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance	Coinsurance MAA
Emergency services		
Outpatient emergency room services	\$250 + PPO network coinsurance ³	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance	
Emergency air ambulance transport – 1 trip/year max	Coinsurance	
Behavioral health services – substance use disorder and mental health conditions		
Inpatient ⁶	Coinsurance	Coinsurance MAA
Outpatient – office visits ⁶	Office visit copay ³	Coinsurance MAA
Outpatient – other ⁶	Coinsurance	Coinsurance MAA

Footnotes can be found on page 26.

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Other services		
Durable medical equipment	Coinsurance	Coinsurance MAA
Prosthetic devices / Orthotic devices	Coinsurance	Coinsurance MAA
Medical supplies – including allergy serums and injected substances	Coinsurance	Coinsurance MAA
Diabetes management	Office visit copay/program ³	Coinsurance MAA
Blood, blood plasma, blood derivatives	Coinsurance	Coinsurance MAA
Home infusion therapy	Coinsurance	Coinsurance MAA
Skilled nursing facility care – 60 days/year max	Coinsurance	Coinsurance MAA
Hospice services	Coinsurance	Coinsurance MAA
Home health visits	Coinsurance	Coinsurance MAA
Health education – \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class ²	
Spinal and other manipulations (any provider: MD, DO, chiropractor) – 15 manipulations/year max	Office visit copay ³	Coinsurance MAA
Acupuncture care – 15 visits/year max	Office visit copay ³	Coinsurance MAA
Naturopathic care	Office visit copay ³	Coinsurance MAA
Massage therapy – 15 visits/year max	Office visit copay ³	Coinsurance MAA
Authorized organ transplant services	Unlimited	Not covered out-of-network



PPO Advantage DX

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	Copay ^{3,4}	Deductible ¹		OOPM ⁷		Coinsurance		
	PCP/ Spec	Individual	Family	Individual	Family	In-Net	ASC	OON
WA15-250-1-3500D	\$15	\$250	\$500	\$3,500	\$7,000	10%	5%	30%
WA20-500-2-3500D	\$20	\$500	\$1,000	\$3,500	\$7,000	20%	15%	40%
WA25-250-2-3500D	\$25	\$250	\$500	\$3,500	\$7,000	20%	15%	40%
WA25-750-2-3500D	\$25	\$750	\$1,500	\$3,500	\$7,000	20%	15%	40%
WA25-1000-2-5000D	\$25	\$1,000	\$2,000	\$5,000	\$10,000	20%	15%	40%
WA35-1000-2-5000D	\$35	\$1,000	\$2,000	\$5,000	\$10,000	20%	15%	40%
WA25-1500-2-5000D	\$25	\$1,500	\$3,000	\$5,000	\$10,000	20%	15%	40%
WA25-2000-2-5000D	\$25	\$2,000	\$4,000	\$5,000	\$10,000	20%	15%	40%
WA35-1500-2-6500D	\$35	\$1,500	\$3,000	\$6,500	\$13,000	20%	15%	40%
WA25-2000-2-6500D	\$25	\$2,000	\$4,000	\$6,500	\$13,000	20%	15%	40%
WA35-2000-2-6500D	\$35	\$2,000	\$4,000	\$6,500	\$13,000	20%	15%	40%
WA35-3000-2-6500D	\$35	\$3,000	\$6,000	\$6,500	\$13,000	20%	15%	40%
WA35-5000-2-6500D	\$35	\$5,000	\$10,000	\$6,500	\$13,000	20%	15%	40%

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Physician / Professional / Outpatient care		
Physician services – office visit ⁴	Office visit copay ³	Coinsurance MAA
Physician services – preventive care, mammography, Pap/PSA test ⁴	No charge ³	Coinsurance MAA ³
Physician services – urgent care center ⁴	\$50/visit ³	\$50/visit MAA ³
Physician hospital visits	Coinsurance	Coinsurance MAA
Diagnostics – X-ray, laboratory tests, EKG, ultrasound	Coinsurance ³	Coinsurance MAA
Diagnostics – CT, MRI, PET, SPECT, EEG, Holter monitor, stress test	Coinsurance	Coinsurance MAA
Allergy and therapeutic injections	Coinsurance	Coinsurance MAA
Maternity delivery care – professional services only	Coinsurance	Coinsurance MAA
Outpatient rehabilitation therapy – 30 days/year max ⁵	Coinsurance	Coinsurance MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC	Coinsurance MAA
Outpatient at hospital-based facility	Coinsurance	Coinsurance MAA

Footnotes can be found on page 26.

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Hospital care		
Inpatient services ¹⁰	Coinsurance	Coinsurance MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance	Coinsurance MAA
Emergency services		
Outpatient emergency room services	\$250 + PPO network coinsurance ³	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance	
Emergency air ambulance transport – 1 trip/year max	Coinsurance	
Behavioral health services – substance use disorder and mental health conditions		
Inpatient ⁶	Coinsurance	Coinsurance MAA
Outpatient – office visits ⁶	Office visit copay ³	Coinsurance MAA
Outpatient – other ⁶	Coinsurance	Coinsurance MAA
Other services		
Durable medical equipment	Coinsurance	Coinsurance MAA
Prosthetic devices / Orthotic devices	Coinsurance	Coinsurance MAA
Medical supplies – including allergy serums and injected substances	Coinsurance	Coinsurance MAA
Diabetes management	Office visit copay/program ³	Coinsurance MAA
Blood, blood plasma, blood derivatives	Coinsurance	Coinsurance MAA
Home infusion therapy	Coinsurance	Coinsurance MAA
Skilled nursing facility care – 60 days/year max	Coinsurance	Coinsurance MAA
Hospice services	Coinsurance	Coinsurance MAA
Home health visits	Coinsurance	Coinsurance MAA
Health education – \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class ²	
Spinal and other manipulations (any provider: MD, DO, chiropractor) – 15 manipulations/year max	Office visit copay ³	Coinsurance MAA
Acupuncture care – 15 visits/year max	Office visit copay ³	Coinsurance MAA
Naturopathic care	Office visit copay ³	Coinsurance MAA
Massage therapy – 15 visits/year max	Office visit copay ³	Coinsurance MAA
Authorized organ transplant services	Unlimited	Not covered out-of-network

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 PCP/ Spec	Deductible ¹		OOPM ⁷		Coinsurance		
		Individual	Family	Individual	Family	In-Net	ASC	OON
WA25-500-2-5000V	\$25	\$500	\$1,000	\$5,000	\$10,000	20%	15%	40%
WA25-750-2-5000V	\$25	\$750	\$1,500	\$5,000	\$10,000	20%	15%	40%
WA25-1000-2-5000V	\$25	\$1,000	\$2,000	\$5,000	\$10,000	20%	15%	40%
WA25-1500-2-5000VA	\$25	\$1,500	\$3,000	\$5,000	\$10,000	20%	15%	50%
WA25-2000-2-5000V	\$25	\$2,000	\$4,000	\$5,000	\$10,000	20%	15%	40%
WA35-1000-2-6500V	\$35	\$1,000	\$2,000	\$6,500	\$13,000	20%	15%	40%
WA35-1500-2-6500V	\$35	\$1,500	\$3,000	\$6,500	\$13,000	20%	15%	40%
WA35-2000-2-6500V	\$35	\$2,000	\$4,000	\$6,500	\$13,000	20%	15%	40%
WA35-3000-3-6500V	\$35	\$3,000	\$6,000	\$6,500	\$13,000	30%	25%	50%
WA40-6000-3-6500V	\$40	\$6,000	\$12,000	\$6,500	\$13,000	30%	25%	50%
WA50-7000-3-8150V	\$50	\$7,000	\$14,000	\$8,150	\$16,300	30%	25%	50%
WA35-5000-3-8150V	\$35	\$5,000	\$10,000	\$8,150	\$16,300	30%	25%	50%

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Physician / Professional / Outpatient care		
Physician services – office visit ⁴	Office visit copay ³	Coinsurance MAA
Physician services – preventive care, mammography, Pap/PSA test ⁴	No charge ³	Coinsurance MAA ³
Physician services – urgent care center ⁴	\$50/visit ³	\$50/visit MAA ³
Physician hospital visits	Coinsurance	Coinsurance MAA
Diagnostics – X-ray, laboratory tests, EKG, ultrasound	Coinsurance	Coinsurance MAA
Diagnostics – CT, MRI, PET, SPECT, EEG, Holter monitor, stress test	Coinsurance	Coinsurance MAA
Allergy and therapeutic injections	Coinsurance	Coinsurance MAA
Maternity delivery care – professional services only	Coinsurance	Coinsurance MAA
Outpatient rehabilitation therapy – 30 days/year max ⁵	Coinsurance	Coinsurance MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC	Coinsurance MAA
Outpatient at hospital-based facility	Coinsurance	Coinsurance MAA
Hospital care		
Inpatient services ¹⁰	Coinsurance	Coinsurance MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance	Coinsurance MAA

Footnotes can be found on page 26.

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Emergency services		
Outpatient emergency room services	\$250 + PPO network coinsurance ³	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance	
Emergency air ambulance transport – 1 trip/year max		
Behavioral health services – substance use disorder and mental health conditions		
Inpatient ⁶	Coinsurance	Coinsurance MAA
Outpatient – office visits ⁶	Office visit copay ³	Coinsurance MAA
Outpatient – other ⁶	Coinsurance	Coinsurance MAA
Other services		
Durable medical equipment	Coinsurance	Coinsurance MAA
Prosthetic devices / Orthotic devices	Coinsurance	Coinsurance MAA
Medical supplies – including allergy serums and injected substances	Coinsurance	Coinsurance MAA
Diabetes management	Office visit copay/program ³	Coinsurance MAA
Blood, blood plasma, blood derivatives	Coinsurance	Coinsurance MAA
Home infusion therapy	Coinsurance	Coinsurance MAA
Skilled nursing facility care – 60 days/year max	Coinsurance	Coinsurance MAA
Hospice services	Coinsurance	Coinsurance MAA
Home health visits	Coinsurance	Coinsurance MAA
Health education – \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class ²	
Spinal and other manipulations (any provider: MD, DO, chiropractor) – 15 manipulations/year max	Office visit copay ³	Coinsurance MAA
Acupuncture care – 15 visits/year max	Office visit copay ³	Coinsurance MAA
Naturopathic care	Office visit copay ³	Coinsurance MAA
Massage therapy – 15 visits/year max	Office visit copay ³	Coinsurance MAA
Authorized organ transplant services	Unlimited	Not covered out-of-network

PPO Value Option

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 copay ^{3,4}		Individual deductible ¹	Family deductible ¹	Outpatient ASC	Coinsurance		Individual OOPM ⁷ medical/pharmacy	Family OOPM ⁷ medical/pharmacy
	IN	OON	IN	IN	IN	IN	OON	IN	IN
WAVO3-1000-3-5000	30%	50%	\$1,000	\$2,000	25%	30%	50%	\$5,000	\$10,000
WAVO3-2000-3-6500	30%	50%	\$2,000	\$4,000	25%	30%	50%	\$6,500	\$13,000
WAVO3-5000-3-8150	30%	50%	\$5,000	\$10,000	25%	30%	50%	\$8,150	\$16,300

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Physician / Professional / Outpatient care		
Physician services – office visit ⁴	Coinsurance ³	Coinsurance MAA
Physician services – preventive care, mammography, Pap/PSA test ⁴	No charge ³	Coinsurance MAA ³
Physician services – urgent care center ⁴	\$50/visit ³	\$50/visit MAA ³
Physician hospital visits	Coinsurance	Coinsurance MAA
Diagnostics – X-ray, laboratory tests, EKG, ultrasound	Coinsurance	Coinsurance MAA
Diagnostics – CT, MRI, PET, SPECT, EEG, Holter monitor, stress test	Coinsurance	Coinsurance MAA
Allergy and therapeutic injections	Coinsurance	Coinsurance MAA
Maternity delivery care – professional services only	Coinsurance	Coinsurance MAA
Outpatient rehabilitation therapy – 30 days/year max ⁵	Coinsurance	Coinsurance MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Outpatient ASC	Coinsurance MAA
Outpatient at hospital-based facility	Coinsurance	Coinsurance MAA
Hospital care		
Inpatient services ¹⁰	Coinsurance	Coinsurance MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance	Coinsurance MAA
Emergency services		
Outpatient emergency room services	\$250 + PPO network coinsurance ³	
Inpatient admission from emergency room	Coinsurance PPO network	
Emergency ground ambulance transport – 3 trips/year max	Coinsurance	
Emergency air ambulance transport – 1 trip/year max	Coinsurance	
Behavioral health services – substance use disorder and mental health conditions		
Inpatient ⁶	Coinsurance	Coinsurance MAA
Outpatient – office visits ⁶	Coinsurance ³	Coinsurance MAA
Outpatient – other ⁶	Coinsurance	Coinsurance MAA

Footnotes can be found on page 26.

Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Other services		
Durable medical equipment	Coinsurance	Coinsurance MAA
Prosthetic devices / Orthotic devices	Coinsurance	Coinsurance MAA
Medical supplies – including allergy serums and injected substances	Coinsurance	Coinsurance MAA
Diabetes management	Coinsurance ³	Coinsurance MAA
Blood, blood plasma, blood derivatives	Coinsurance	Coinsurance MAA
Home infusion therapy	Coinsurance	Coinsurance MAA
Skilled nursing facility care – 60 days/year max	Coinsurance	Coinsurance MAA
Hospice services	Coinsurance	Coinsurance MAA
Home health visits	Coinsurance	Coinsurance MAA
Health education – \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class ²	
Spinal and other manipulations (any provider: MD, DO, chiropractor) – 15 manipulations/year max	Coinsurance ³	Coinsurance MAA
Acupuncture care – 15 visits/year max	Coinsurance ³	Coinsurance MAA
Naturopathic care	Coinsurance ³	Coinsurance MAA
Massage therapy – 15 visits/year max	Coinsurance ³	Coinsurance MAA
Authorized organ transplant services	Unlimited	Not covered out-of-network

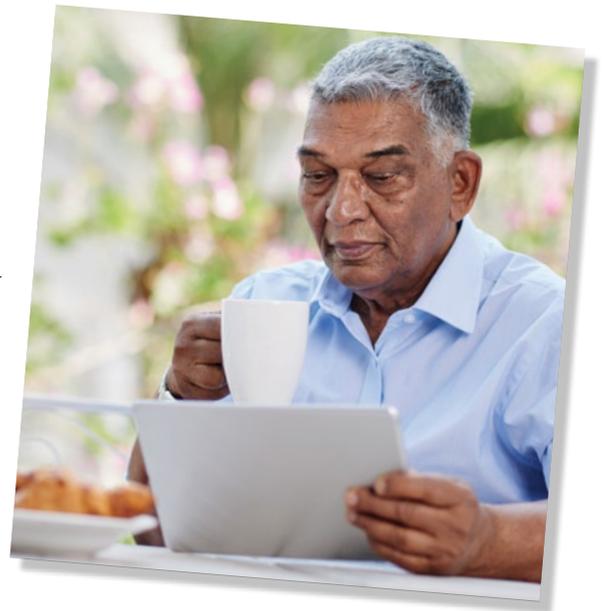


High Deductible Health Plans

Plan names	Office copay ⁴	Individual deductible ¹		Family deductible ¹		Outpatient ASC	Coinsurance		Individual OOPM ⁷		Family OOPM ⁷	
		IN	OON	IN	OON		IN	OON	IN	OON	IN	OON
HD250010060 w/HD100	0%	\$2,500	\$5,000	\$5,000	\$10,000	0%	0%	40%	\$2,500	\$15,000	\$5,000	\$30,000
HDE28008060 ED w/HD80	20%	\$2,800	\$5,600	\$5,600	\$11,200	15%	20%	40%	\$5,600	\$16,800	\$11,200	\$33,600
HD300010060 w/HD100	0%	\$3,000	\$6,000	\$6,000	\$12,000	0%	0%	40%	\$3,000	\$18,000	\$6,000	\$36,000
HDE35008060 ED w/HD80	20%	\$3,500	\$7,000	\$7,000	\$14,000	15%	20%	40%	\$6,550	\$18,000	\$13,100	\$36,000
HDE50008060 ED w/HD80	20%	\$5,000	\$10,000	\$10,000	\$20,000	15%	20%	40%	\$6,750	\$20,250	\$13,500	\$40,500

Prescription benefits – WNMHD80 and WNMHD100

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).



Schedule of benefits and coverage

Benefit description	Member pays	
	IN	OON
Physician / Professional / Outpatient care		
Physician services – office visit ⁴	Coinsurance contract rate	40% MAA
Physician services – preventive care, mammography, Pap/PSA test ⁴	No charge	40% MAA ³
Physician services – urgent care center ⁴	Coinsurance contract rate	40% MAA
Physician hospital visits	Coinsurance contract rate	40% MAA
Diagnostics – X-ray, laboratory tests, EKG, ultrasound	Coinsurance contract rate	40% MAA
Diagnostics – 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 ⁵	Coinsurance contract rate	40% MAA
Outpatient surgery services in office or at ambulatory surgery center (ASC)	Coinsurance contract rate	40% MAA
Outpatient at hospital-based facility	Coinsurance contract rate	40% MAA
Hospital care		
Inpatient services ¹⁰	Coinsurance contract rate	40% MAA
Inpatient rehabilitation therapy – 30 days/year max	Coinsurance contract rate	40% MAA
Emergency services		
Outpatient emergency room services	Coinsurance contract rate	20%
Inpatient admission from emergency room	Coinsurance contract rate	20%
Emergency ground ambulance transport – 3 trips/year max	Coinsurance contract rate	
Emergency air ambulance transport – 1 trip/year max	Coinsurance contract rate	
Behavioral health services – substance use disorder and mental health conditions		
Inpatient ⁶	Coinsurance contract rate	40% MAA
Outpatient – office visits ⁶	Coinsurance contract rate	40% MAA
Outpatient – other ⁶	Coinsurance contract rate	40% MAA
Other services		
Durable medical equipment	Coinsurance contract rate	40% MAA
Prosthetic devices / Orthotic devices	Coinsurance contract rate	40% MAA
Medical supplies – including allergy serums and injected substances	Coinsurance contract rate	40% MAA
Diabetes management	Coinsurance contract rate	40% MAA
Blood, blood plasma, blood derivatives	Coinsurance contract rate	40% MAA
Home infusion therapy	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 – 130 visits/year max	Coinsurance contract rate	40% MAA
Health education – \$150/year combined max	Not covered	Not covered
Spinal and other manipulations (any provider: MD, DO, chiropractor) – 15 manipulations/year max	Coinsurance contract rate	40% MAA
Acupuncture care – 15 visits/year max	Coinsurance contract rate	40% MAA
Naturopathic care	Coinsurance contract rate	40% MAA
Massage therapy – 15 visits/year max	Coinsurance contract rate	40% MAA
Authorized organ transplant services	Unlimited	Not covered out-of-network

Footnotes can be found on page 26.

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 a 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)

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

Prescription benefit: WNM5-25-50

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$5	\$10
Tier 2	\$25	\$50
Tier 3	\$50	\$100

Prescription benefit: WNM10-20-40

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$10	\$20
Tier 2	\$20	\$40
Tier 3	\$40	\$80

Prescription benefit: WNM10-50-75

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$10	\$20
Tier 2	\$50	\$100
Tier 3	\$75	\$150

Prescription benefit: WNM15-30-50

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$50	\$100

Prescription benefit: WNM15-35-60

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$15	\$30
Tier 2	\$35	\$70
Tier 3	\$60	\$120

Prescription benefit: WNM15-30%-50%

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$15	\$30
Tier 2	30%	30%
Tier 3	50%	50%

**Prescription benefit: WNM15-30%-50%-250D
(\$250 calendar year deductible per member)**

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$15	\$30
Tier 2	30%	30%
Tier 3	50%	50%

**Prescription benefit: WNM10-35-50-250D
(\$250 calendar year deductible per member)**

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$10	\$20
Tier 2	\$35	\$70
Tier 3	\$50	\$100

**Prescription benefit: WNM15-40-75-250D
(\$250 calendar year deductible per member)**

	<i>In-pharmacy (30-day supply)</i>	<i>Mail order (90-day supply)</i>
Tier 1	\$15	\$30
Tier 2	\$40	\$80
Tier 3	\$75	\$150

Specialty Pharmacy and oral anticancer drugs for all plans

Specialty Pharmacy	20% to a maximum of \$250 in-pharmacy (30-day supply); mail order not available. WNM15/30%/50% and WNM15/30%/50%/250D: 50% in-pharmacy (30-day supply).
Orally administered anticancer medications tier	10% to a maximum of \$150 in-pharmacy (30-day supply); mail order not available.



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

- Include orthodontia.
- Endodontics, periodontia 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, periodontia 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, periodontia and oral surgery are covered at tier 2 (Basic); plans include orthodontia.
- DP 100: Endodontics, periodontia 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.

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.

Freestanding – The enrollments in medical and dental between subscribers and dependents do not have to match. A minimum of 10 employees must enroll, and 75 percent of those eligible must enroll.

Optional Dental

Benefits	Plus								
	WD25-185-1500	WD50-1855-1500	WD100-1855-1000	WD25-1855-1500	WD25-1855-2000	WD50-185-1000	WD50-185-1500	WD50-185-2000	WD50-1855-2000
Annual deductible per person	\$25	\$50	\$100	\$25	\$25	\$50	\$50	\$50	\$50
Annual maximum per person	\$1,500	\$1,500	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$2,000
Lifetime orthodontic services per person	Not covered	\$1,500	\$1,000	\$1,500	\$2,000	Not covered	Not covered	Not covered	\$2,000
	IN and OON	IN and OON	IN and OON	IN and OON	IN and OON	IN and OON	IN and OON	IN and OON	IN and OON
Diagnostic and preventive ⁹	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic services	80%	80%	80%	80%	80%	80%	80%	80%	80%
Endodontic, periodontal and oral surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major services	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic	Not covered	50%	50%	50%	50%	Not covered	Not covered	Not covered	50%

Optional Dental

Benefits	Plus			Value		Fifty	Essentials		Preferred Plus		Preferred Value			
	WD100-185-1000	WD100-185-2000	WD100-1855-2000	WD50-185-1500V	WD100-185-1000V	WD100-555-1000V	WDE50-160-500	IN	OON	WDP50-1855-1500	IN	OON	WDP100-185-1000V	
Annual deductible per person	\$100	\$100	\$100	\$50	\$100	\$100	\$50			\$50			\$100	
Annual maximum per person	\$1,000	\$2,000	\$2,000	\$1,500	\$1,000	\$1,000	\$500			\$1,500			\$1,000	
Lifetime orthodontic services per person	Not covered	Not covered	\$2,000	Not covered	Not covered	Not covered	Not covered			\$1,500			Not covered	
	IN and OON	IN and OON	IN and OON	IN and OON	IN and OON	IN and OON	IN	OON	IN	OON	IN	OON	IN	OON
Diagnostic and preventive ⁹	100%	100%	100%	100%	100%	50%	100%	80%	100%	80%	100%	80%	100%	80%
Basic services	80%	80%	80%	80%	80%	50%	60%	50%	80%	60%	80%	60%	80%	60%
Endodontic, periodontal and oral surgery	80%	80%	80%	50%	50%	50%	Not covered		80%	60%	50%	50%		
Major services	50%	50%	50%	50%	50%	50%	Not covered		50%	50%	50%	50%	50%	50%
Orthodontic	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered		50%	50%			Not covered	



Vision Plans

<i>Benefits</i>	<i>Elite WE1010-1</i>	<i>Supreme WS010-2</i>	<i>Preferred W1025-2</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			
Lenses	\$75 copay	\$75 copay	\$75 copay
Premium progressive lenses			
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	\$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 plan¹			
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
Frame	Once every 12 months	Once every 12 months	Once every 12 months
	Once every 12 months	Once every 24 months	Once every 24 months

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 W1025-3</i>	<i>Preferred Value 10-3</i>	<i>Plus W20-1</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				
Lenses	\$90 copay	\$75 copay	\$135 copay	Not covered
Premium progressive lenses				
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	\$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
	\$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
Disposables	\$0 copay, plus balance over allowance	\$0 copay, plus balance over allowance	None	Not covered
Medically necessary	Paid in full	Paid in full	N/A	Not covered
Laser vision correction				
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
Secondary purchase plan¹				
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
Frame	Once every 24 months	Once every 24 months	Unlimited	Not covered

Other Available Riders

Health Net offers a wide range of value-added solutions designed to enhance employer benefit options. Our optional riders are an effective way to add value to your benefit plan by increasing or removing benefit maximums.

All Health Net product solutions are intended to provide you with the flexibility and range of products to assist in your workforce needs.

<i>Rider</i>	<i>Benefit</i>
Active&Fit Discount Gym	\$100 annual copay to attend fitness facilities or exercise centers in a nationwide network – for members ages 16 and older, including spouse.
Spinal/Other manipulation buy-up	Unlimited manipulation benefit (standard benefits are built into core contract).
Hearing aid coverage	Maximum benefit for hearing aid services is \$3,000 per 36 months.
TMJ buy-up	Adds TMJ coverage to the medical plan.
MAA buy-up	Increases the MAA allowed amount from 160% of Medicare's allowed amount to 210% of Medicare's allowed amount.
4th quarter deductible carryover coverage	Covered services used to satisfy the deductible during the last three months of a calendar year may also be used to satisfy the deductible for the following calendar year (not available for high deductible health plans).



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. But to foster a healthy workforce and see meaningful results, employers need to understand their population's health risks so they can offer the right programs and implement them well. 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 just 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** – Coverage and benefit details.
- **My Plan Activity** – Claims, authorizations, referrals, and appeals.
- **ProviderSearch** – Find doctors, urgent care, hospitals, medical groups, other facilities, and ancillary services.
- **Wellness Center** – Resources for every stage of health.
- **Member Support** – Learn how to 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

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. Benefits are pending review with the Washington Office of the Insurance Commissioner.

¹ Members must meet the specified deductible each calendar year (January 1 through December 31) before Health Net pays any claims.

² Payments do not apply to the annual out-of-pocket maximum (OOPM).

³ Deductible is waived.

⁴ Office visit copayment includes physician services only. Other services are subject to copayments and coinsurance as listed.

⁵ The calendar year maximum for outpatient rehabilitation therapy does not apply to services which are billed as home health visits.

⁶ To prior authorize mental health or substance use disorder services, call 1-800-977-8216 (TTY: 711).

⁷ The medical and pharmacy out-of-pocket maximums cross-accumulate for all plans. The annual OOPM includes the annual deductible. After reaching the OOPM in a calendar year, we will pay for 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. Members are still responsible for OON-billed charges that exceed MAA.

⁸ Members pay a maximum of 5 copayments per authorized admission.

⁹ The deductible does not apply to diagnostic and preventive services.

¹⁰ 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.

*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 a fixed percentage of maximum allowable amount (MAA) rates for other services. We pay out-of-network providers based on MAA rates, not on billed amounts. MAA rates may often be less than the amount a provider bills for a service. Out-of-network providers may therefore hold members responsible for amounts they charge that exceed the MAA rates we pay. Amounts that exceed our MAA rates are not covered and do not apply to the 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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