# Oregon Large Business Group Portfolio

Health Net

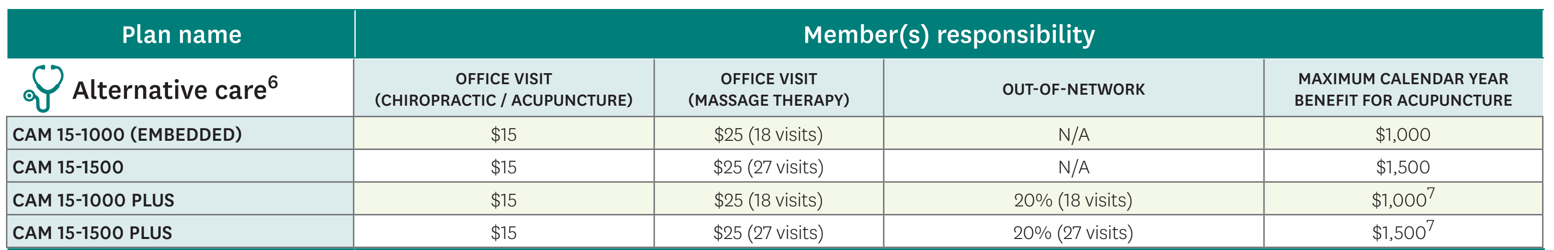
2021

| Plan name | DEDUCTIBLE[1] (SINGLE/ FAMILY) | OUT-OF-POCKET MAXIMUM[2] (SINGLE/FAMILY) | OFFICE VISIT (PCP/SPEC.) | COINSURANCE[3] (IN-NETWORK/ OUT-OF-NETWORK) | LAB AND X-RAY | CT/MRI/ PET/SPEC | INPATIENT HOSPITAL | OUTPATIENT SURGERY (HOSPITAL/ ASC) | EMERGENCY ROOM (COPAY WAIVED IF ADMITTED) | URGENT CARE |
|---|---|---|---|---|---|---|---|---|---|---|
| **Advantage LX PPO** | | | | | | | | | | |
| LX20-500-2-4000 | $500 / $1,000 | $4,000 / $8,000 | $20 / $40 | 20% / 40% | $20 | 20%[4] | 20% | 20% / 10% | $250 + 20% | $50 |
| LX25-1000-2-5000 | $1,000 / $2,000 | $5,000 / $10,000 | $25 / $50 | 20% / 40% | $20 | 20%[4] | 20% | 20% / 10% | $250 + 20% | $50 |
| **Advantage PPO** | | | | | | | | | | |
| A15-250-2-4000 | $250 / $500 | $4,000 / $8,000 | $15 / $30 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A20-500-2-4000 | $500 / $1,000 | $4,000 / $8,000 | $20 / $40 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A20-750-2-5000 | $750 / $1,500 | $5,000 / $10,000 | $20 / $40 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A25-1000-2-5000 | $1,000 / $2,000 | $5,000 / $10,000 | $25 / $50 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A20-1000-2-5000 | $1,000 / $2,000 | $5,000 / $10,000 | $20 / $40 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A30-1500-2-6600 | $1,500 / $3,000 | $6,600 / $13,200 | $30 / $60 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A20-2000-2-6600 | $2,000 / $4,000 | $6,600 / $13,200 | $20 / $40 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A30-2500-3-6600 | $2,500 / $5,000 | $6,600 / $13,200 | $30 / $60 | 30% / 50% | $20 | 30% | 30% | 30% / 20% | $250 + 30% | $50 |
| A30-3000-2-7350 | $3,000 / $6,000 | $7,350 / $14,700 | $30 / $60 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A35-3000-3-7350 | $3,000 / $6,000 | $7,350 / $14,700 | $35 / $70 | 30% / 50% | $20 | 30% | 30% | 30% / 20% | $250 + 30% | $50 |
| A35-5000-2-7350 | $5,000 / $10,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | $20 | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| A35-5000-3-7350 | $5,000 / $10,000 | $7,350 / $14,700 | $35 / $70 | 30% / 50% | $20 | 30% | 30% | 30% / 20% | $250 + 30% | $50 |
| **Value PPO** | | | | | | | | | | |
| V20-500-2-4000 | $500 / $1,000 | $4,000 / $8,000 | $20 / $40 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| V25-1000-2-5000 | $1,000 / $2,000 | $5,000 / $10,000 | $25 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| V30-2000-2-6000 | $2,000 / $4,000 | $6,000 / $12,000 | $30 / $60 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| V35-4000-2-7350 | $4,000 / $8,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| V35-5000-2-7350 | $5,000 / $10,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| V40-6000-2-8150 | $6,000 / $12,000 | $8,150 / $16,300 | $40 / $80 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| **Essentials PPO** | | | | | | | | | | |
| E25-1000-2-5000 | $1,000 / $2,000 | $5,000 / $10,000 | $25 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| E30-2000-2-6600 | $2,000 / $4,000 | $6,600 / $13,200 | $30 / $60 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| E35-3000-2-7350 | $3,000 / $6,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| E35-4000-2-7350 | $4,000 / $8,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| E35-5000-2-7350 | $5,000 / $10,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| E35-6000-2-7350 | $6,000 / $12,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| E50-3000-5-7350 | $3,000 / $6,000 | $7,350 / $14,700 | $50 / $100 | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | $50 |
| E50-5000-5-7350 | $5,000 / $10,000 | $7,350 / $14,700 | $50 / $100 | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | $50 |

*Coverage for every stage of life™*

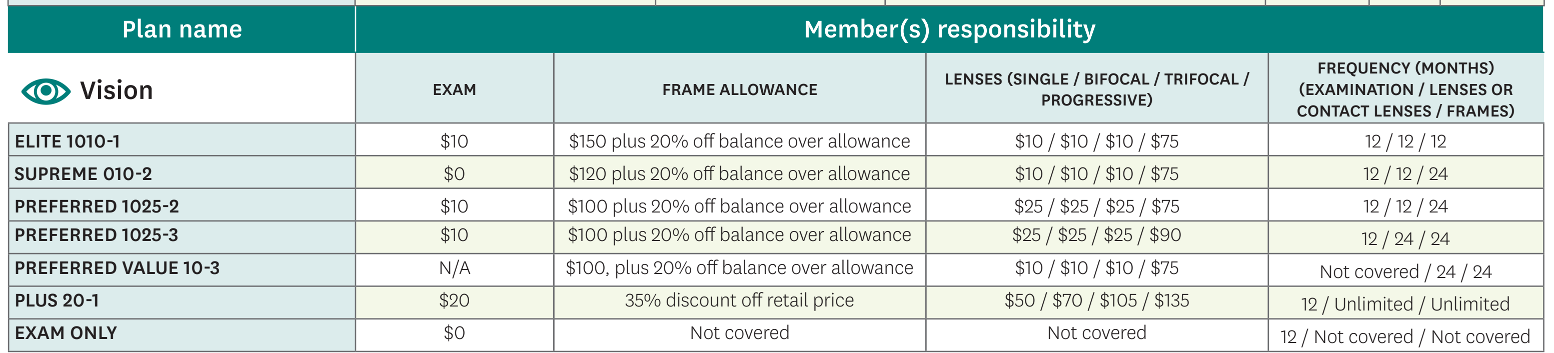
| Plan name | DEDUCTIBLE[1] (SINGLE/ FAMILY) | OUT-OF-POCKET MAXIMUM[2] (SINGLE/FAMILY) | OFFICE VISIT (PCP/SPEC.) | COINSURANCE[3] (IN-NETWORK/ OUT-OF-NETWORK) | LAB AND X-RAY | CT/MRI/ PET/SPEC | INPATIENT HOSPITAL | OUTPATIENT SURGERY (HOSPITAL/ ASC) | EMERGENCY ROOM (COPAY WAIVED IF ADMITTED) | URGENT CARE |
|---|---|---|---|---|---|---|---|---|---|---|
| **E50-6000-5-8150** | $6,000 / $12,000 | $8,150 / $16,300 | $50 / $100 | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | $50 |
| **E5000-3-7350** | $5,000 / $10,000 | $7,350 / $14,700 | 30% / 30% | 30% / 50% | 30% | 30% | 30% | 30% / 20% | 30% | 30% |
| **E5000-5-7350** | $5,000 / $10,000 | $7,350 / $14,700 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **E6000-5-8150** | $6,000 / $12,000 | $8,150 / $16,300 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **E7000-3-8150** | $7,000 / $14,000 | $8,150 / $16,300 | 30% / 30% | 30% / 50% | 30% | 30% | 30% | 30% / 20% | 30% | 30% |
| **E7000-5-8150** | $7,000 / $14,000 | $8,150 / $16,300 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **Essentials First Dollar PPO (First $500 on Lab, X-ray, and Advanced Imaging combined covered at 100%)** | | | | | | | | | | |
| **FE25-1000-2-5000** | $1,000 / $2,000 | $5,000 / $10,000 | $25 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| **FE25-1500-2-7350** | $1,500 / $3,000 | $7,350 / $14,700 | $25 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| **FE30-2000-2-7350** | $2,000 / $4,000 | $7,350 / $14,700 | $30 / $60 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| **FE35-3000-2-7350** | $3,000 / $6,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| **FE35-5000-2-7350** | $5,000 / $10,000 | $7,350 / $14,700 | $35 / $70 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | $50 |
| **FE50-5000-5-7350** | $5,000 / $10,000 | $7,350 / $14,700 | $50 / $100 | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **FE5000-3-8150** | $5,000 / $10,000 | $8,150 / $16,300 | 30% / 30% | 30% / 50% | 30% | 30% | 30% | 30% / 20% | 30% | 30% |
| **FE50/50-3500** | $0 / $0 | $3,500 / $7,000 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **FE50/50-5000** | $0 / $0 | $5,000 / $10,000 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **PPO Fifty-Fifty** | | | | | | | | | | |
| **50/50-2500** | $0 / $0 | $2,500 / $5,000 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **50/50-3500** | $0 / $0 | $3,500 / $7,000 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **50/50-5000** | $0 / $0 | $5,000 / $10,000 | 50% / 50% | 50% / 50% | 50% | 50% | 50% | 50% / 40% | 50% | 50% |
| **Primary Advantage PPO** | | | | | | | | | | |
| **PA0-0-4-2500** | $0 / $0 | $2,500 / $5,000 | $0 / $25 | 40% / 50% | $0 | 40% | 40% | 40% / 30% | $300 | $25 |
| **PA0-500-4-5000** | $500 / $1,000 | $5,000 / $10,000 | $0 / $50 | 40% / 50% | $0 | 40% | 40% | 40% / 30% | $300 | $50 |
| **PA0-1000-4-5000** | $1,000 / $2,000 | $5,000 / $10,000 | $0 / $70 | 40% / 50% | $0 | 40% | 40% | 40% / 30% | 40% | $70 |
| **PA10-3000-5-7350** | $3,000 / $6,000 | $7,350 / $14,700 | $10 / $70 | 50% / 50% | $0 | 50% | 50% | 50% / 40% | 50% | $70 |
| **PA20-5000-5-7350** | $5,000 / $10,000 | $7,350 / $14,700 | $20 / $70 | 50% / 50% | $0 | 50% | 50% | 50% / 40% | 50% | $70 |
| **CommunityCare 1T** | | | | | | | | | | |
| **10-500-2-4500DX** | $500 / $1,000 | $4,500 / $9,000 | $10 / $50 | 20% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| **15-1000-2-5500DX** | $1,000 / $2,000 | $5,500 / $11,000 | $15 / $55 | 20% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $55 |
| **10-1500-2-5500DX** | $1,500 / $3,000 | $5,500 / $11,000 | $10 / $50 | 20% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| **20-2000-2-6000DX** | $2,000 / $4,000 | $6,000 / $12,000 | $20 / $60 | 20% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $60 |
| **20-2000-3-6000ES** | $2,000 / $4,000 | $6,000 / $12,000 | $20 / $60 | 30% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $60 |
| **25-3000-2-7350DX** | $3,000 / $6,000 | $7,350 / $14,700 | $25 / $65 | 20% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $65 |
| **35-3000-3-7350ES** | $3,000 / $6,000 | $7,350 / $14,700 | $35 / $75 | 30% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $75 |
| **35-5000-3-7350ES** | $5,000 / $10,000 | $7,350 / $14,700 | $35 / $75 | 30% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $75 |
| **50-5000-3-7350ES** | $5,000 / $10,000 | $7,350 / $14,700 | $50 / $100 | 30% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $100 |
| **50-7000-3-8150ES** | $7,000 / $14,000 | $8,150 / $16,300 | $50 / $100 | 30% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $100 |

| Plan name | DEDUCTIBLE[1] (SINGLE / FAMILY) | OUT-OF-POCKET MAXIMUM[2] (SINGLE / FAMILY) | OFFICE VISIT (PCP / SPEC.) | COINSURANCE[3] (IN-NETWORK / OUT-OF-NETWORK) | LAB AND X-RAY | CT/MRI/PET/ SPEC | INPATIENT HOSPITAL | OUTPATIENT SURGERY (HOSPITAL / ASC) | EMERGENCY ROOM (COPAY WAIVED IF ADMITTED) | URGENT CARE |
|---|---|---|---|---|---|---|---|---|---|---|
| **CommunityCare 3T** | | | | | | | | | | |
| 10-0-2-4500DX | $0 / $0 | $4,500 / $9,000 | $10 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| 10-500-2-4500DX | $500 / $1,000 | $4,500 / $9,000 | $10 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| 10-750-2-5500DX | $750 / $1,500 | $5,500 / $11,000 | $10 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| 15-1000-2-5500DX | $1,000 / $2,000 | $5,500 / $11,000 | $15 / $55 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $55 |
| 15-1000-3-5500ES | $1,000 / $2,000 | $5,500 / $11,000 | $15 / $55 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $55 |
| 10-1500-2-5500DX | $1,500 / $3,000 | $5,500 / $11,000 | $10 / $50 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $50 |
| 20-2000-2-6000DX | $2,000 / $4,000 | $6,000 / $12,000 | $20 / $60 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $60 |
| 20-2000-3-6000ES | $2,000 / $4,000 | $6,000 / $12,000 | $20 / $60 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $60 |
| 25-3000-2-7350DX | $3,000 / $6,000 | $7,350 / $14,700 | $25 / $65 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $65 |
| 25-3000-3-7350ES | $3,000 / $6,000 | $7,350 / $14,700 | $25 / $65 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $65 |
| 35-3000-3-7350ES | $3,000 / $6,000 | $7,350 / $14,700 | $35 / $75 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $75 |
| 35-5000-3-7350ES | $5,000 / $10,000 | $7,350 / $14,700 | $35 / $75 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $75 |
| 50-5000-3-7350ES | $5,000 / $10,000 | $7,350 / $14,700 | $50 / $100 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $100 |
| 50-7000-3-8150ES | $7,000 / $14,000 | $8,150 / $16,300 | $50 / $100 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $100 |
| **CommunityCare 1T HDHP[5]** | | | | | | | | | | |
| 25-3000-2-6600-HD80 | $3,000 / $6,000 | $6,600 / $13,200 | $25 / $65 | 20% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $65 |
| 35-3000-3-6750-HD70 | $3,000 / $6,000 | $6,750 / $13,500 | $35 / $75 | 30% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $75 |
| 35-5000-2-6600-HD80 | $5,000 / $10,000 | $6,600 / $13,200 | $35 / $75 | 20% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $75 |
| 35-5000-3-6600-HD70 | $5,000 / $10,000 | $6,600 / $13,200 | $35 / $75 | 30% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $75 |
| **CommunityCare 3T HDHP[5]** | | | | | | | | | | |
| 25-3000-2-6600-HD80 | $3,000 / $6,000 | $6,600 / $13,200 | $25 / $65 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $65 |
| 25-3000-3-6600-HD70 | $3,000 / $6,000 | $6,600 / $13,200 | $25 / $65 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $65 |
| 35-5000-2-6600-HD80 | $5,000 / $10,000 | $6,600 / $13,200 | $35 / $75 | 20% / 40% | 20% | 20% | 20% | 20% / 10% | $250 + 20% | $75 |
| 35-5000-3-6600-HD70 | $5,000 / $10,000 | $6,600 / $13,200 | $35 / $75 | 30% / 50% | 30% | 30% | 30% | 30% / 20% | $250 + 30% | $75 |
| **PPO HDHP[5]** | | | | | | | | | | |
| HDE28008060 w/HD80 | $2,800 / $5,600 | $5,600 / $11,200 | 20% | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | 20% |
| HDE35008060 w/HD80 | $3,500 / $7,000 | $6,550 / $13,100 | 20% | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | 20% |
| HDE50008060 w/HD80 | $5,000 / $10,000 | $6,750 / $13,500 | 20% | 20% / 40% | 20% | 20% | 20% | 20% / 10% | 20% | 20% |
| HD300010060 w/HD100 | $3,000 / $6,000 | $3,000 / $6,000 | 0% | 0% / 40% | 0% | 0% | 0% | 0% | 0% | 0% |
| HDE650010060 w/HD100 | $6,500 / $13,000 | $6,500 / $13,000 | 0% | 0% / 40% | 0% | 0% | 0% | 0% | 0% | 0% |



| Plan name | Member(s) responsibility | | | |
|---|---|---|---|---|
| Alternative care[6] | OFFICE VISIT (CHIROPRACTIC / ACUPUNCTURE) | OFFICE VISIT (MASSAGE THERAPY) | OUT-OF-NETWORK | MAXIMUM CALENDAR YEAR BENEFIT FOR ACUPUNCTURE |
| CAM 15-1000 (EMBEDDED) | $15 | $25 (18 visits) | N/A | $1,000 |
| CAM 15-1500 | $15 | $25 (27 visits) | N/A | $1,500 |
| CAM 15-1000 PLUS | $15 | $25 (18 visits) | 20% (18 visits) | $1,000[7] |
| CAM 15-1500 PLUS | $15 | $25 (27 visits) | 20% (27 visits) | $1,500[7] |

| Plan name | Member(s) responsibility | | | | | |
|---|---|---|---|---|---|---|
| Dental | ANNUAL DEDUCTIBLE PER PERSON | CALENDAR YEAR MAXIMUM | COINSURANCE (PREVENTIVE & DIAGNOSTICS / BASIC / MAJOR / ORTHO) | CLEANINGS | EXAMS | X-RAYS |
| PLUS D25-185- 1500 | $25 | $1,500 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| PLUS D50-1855-1500 | $50 | $1,500 | 0% / 20% / 50% / 50% | 0% | 0% | 0% |
| PLUS D100-1855-1000 | $100 | $1,000 | 0% / 20% / 50% / 50% | 0% | 0% | 0% |
| PLUS D25-1855-1500 | $25 | $1,500 | 0% / 20% / 50% / 50% | 0% | 0% | 0% |
| PLUS D25-1855-2000 | $25 | $2,000 | 0% / 20% / 50% / 50% | 0% | 0% | 0% |
| PLUS D100-185-1000 | $100 | $1,000 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| PLUS D100-185-2000 | $100 | $2,000 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| PLUS D100-1855-2000 | $100 | $2,000 | 0% / 20% / 50% / 50% | 0% | 0% | 0% |
| ESSENTIAL DE50-160-500 | $50 | $500 | 0% / 40% / N/A / N/A | 0% | 0% | 0% |
| PREFERRED PLUS DP50-1855-1500 | $50 | $1,500 | 0% / 20% / 50% / 50% | 0% | 0% | 0% |
| PREFERRED VALUE DP100-185-1000V | $100 | $1,000 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| PREFERRED VALUE D50-185-1000 | $50 | $1,000 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| PREFERRED VALUE D50-185-1500 | $50 | $1,500 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| PREFERRED VALUE D50-185- 2000 | $50 | $2,000 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| PREFERRED VALUE D50-1855- 2000 | $50 | $2,000 | 0% / 20% / 50% / 50% | 0% | 0% | 0% |
| VALUE D50-185-1500V | $50 | $1,500 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| VALUE D100-185-1000V | $100 | $1,000 | 0% / 20% / 50% / N/A | 0% | 0% | 0% |
| FIFTY D100-555-1000V | $100 | $1,000 | 50% / 50% / 50% / N/A | 0% | 0% | 0% |



| Plan name | Member(s) responsibility | | | |
|---|---|---|---|---|
| Vision | EXAM | FRAME ALLOWANCE | LENSES (SINGLE / BIFOCAL / TRIFOCAL / PROGRESSIVE) | FREQUENCY (MONTHS) (EXAMINATION / LENSES OR CONTACT LENSES / FRAMES) |
| ELITE 1010-1 | $10 | $150 plus 20% off balance over allowance | $10 / $10 / $10 / $75 | 12 / 12 / 12 |
| SUPREME 010-2 | $0 | $120 plus 20% off balance over allowance | $10 / $10 / $10 / $75 | 12 / 12 / 24 |
| PREFERRED 1025-2 | $10 | $100 plus 20% off balance over allowance | $25 / $25 / $25 / $75 | 12 / 12 / 24 |
| PREFERRED 1025-3 | $10 | $100 plus 20% off balance over allowance | $25 / $25 / $25 / $90 | 12 / 24 / 24 |
| PREFERRED VALUE 10-3 | N/A | $100, plus 20% off balance over allowance | $10 / $10 / $10 / $75 | Not covered / 24 / 24 |
| PLUS 20-1 | $20 | 35% discount off retail price | $50 / $70 / $105 / $135 | 12 / Unlimited / Unlimited |
| EXAM ONLY | $0 | Not covered | Not covered | 12 / Not covered / Not covered |

| Plan name | Member(s) responsibility | | | | | |
|---|---|---|---|---|---|---|
| Pharmacy Plans[8] | TIER 1 | TIER 2 | TIER 3 | DEDUCTIBLE | MAC POLICY | SPECIALTY DRUG |
| **No Deductible Plans** | | | | | | |
| NMSL5-10-25 | $5 | $10 | $25 | N/A | No MAC | 20% up to $250 |
| NMSL10-20-40 | $10 | $20 | $40 | N/A | No MAC | 20% up to $250 |
| NMSL10-35-60 | $10 | $35 | $60 | N/A | No MAC | 20% up to $250 |
| NMSL10-50-75 | $10 | $50 | $75 | N/A | No MAC | 20% up to $250 |
| NMSL15-30-50 | $15 | $30 | $50 | N/A | No MAC | 20% up to $250 |
| NMSL15-40-65 | $15 | $40 | $65 | N/A | No MAC | 20% up to $250 |
| NMSL15-30%-50% | $15 | 30% | 50% | N/A | No MAC | 50% |
| MASL10-10-DR | $10 | $10 | Member pays 100% at HN discounted rate | N/A | MAC A | 20% up to $250 |
| MASL10-20%-DR | The greater of $10 or 20% | The greater of $10 or 20% | Member pays 100% at HN discounted rate | N/A | MAC A | 20% up to $250 |
| MASL15-50%-DR | The greater of $15 or 50% | The greater of $15 or 50% | Member pays 100% at HN discounted rate | N/A | MAC A | 20% up to $250 |
| MASL25-50%-DR | $25 | 50% | Member pays 100% at HN discounted rate | N/A | MAC A | 50% |

| Plan name | Member(s) responsibility | | | | | |
|---|---|---|---|---|---|---|
| **HDHP Rx Plans[5]** | TIER 1 | TIER 2 | TIER 3 | DEDUCTIBLE | MAC POLICY | SPECIALTY DRUG |
| NMSLHD80 | 20% | 20% | 20% | N/A | No MAC | 20% |
| NMSLHD100 | 0% | 0% | 0% | N/A | No MAC | 0% |
| NMSLHD70 | 30% | 30% | 30% | N/A | No MAC | 30% |
| **Deductible Plans (deductible waived on Tier 1)** | | | | | | |
| NMSL10-35-60-100D | $10 | $35 | $60 | $100 | No MAC | 20% up to $250 |
| NMSL10-35-60-250D | $10 | $35 | $60 | $250 | No MAC | 20% up to $250 |

[1] The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.

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

[3] Coinsurance is subject to the annual deductible.

[4] Deductible is waived.

[5] All benefits including office visit copay, pharmacy, and alternative care are after deductible.

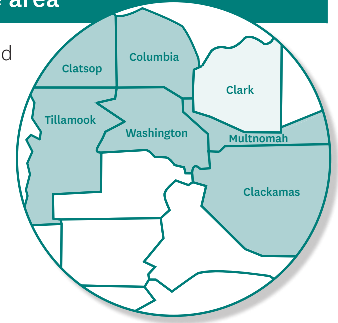
[6] All copayments accumulate to the medical out-of-pocket maximum.

[7] In- and out-of-network visits combined.

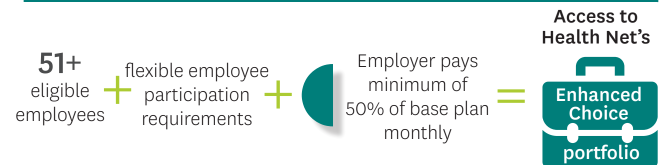
[8] Prescription drug tiers are Tier 1: Generic; Tier 2: Brand Preferred; Tier 3: Non-Preferred; SP: Specialty. Retail pharmacy – members may receive a 90-day fill at a retail pharmacy; one copayment coinsurance applies per 30-day supply. Tier 1, 2 or 3 prescription drugs may apply. Deductible waived unless otherwise noted. Essential Rx Drug List – A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Rx Drug List (EDL). Log in as a Health Net member at www.healthnetoregon.com to view Oregon Essential RX Drug List.

## CommunityCare coverage area

- Employer groups must be located in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties.
- Employees must live in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties, and Clark County, WA.




## Enhanced Choice participation guidelines

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