



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

# Health Net Large Group 2021 Portfolio



BROKER COMMUNICATIONS

Coverage for  
every stage of life™

# Table of Contents

Smart, Sustainable Solutions .....	3
2021 Highlights and Changes .....	4
2021 Broker Bonus Program .....	5
Large Group Portfolio: Expanding Your Sales Opportunities .....	6
Enhanced Choice: The Solution That Works!.....	12
Product and Network Details .....	13
Decision Power: Health & Wellness .....	15
Contact Information.....	Back cover



# Smart, Sustainable Solutions

**When it comes to health care, experience matters,** and for 81 years, Health Net has been making quality health care easier to get and more affordable. We're your source for rich benefit plans without the big price tag.

## Product Portfolio

To help keep your business growing, our Large Group portfolio delivers a strong mix of whole-health benefits and extra-value programs – making our plans attractive to your clients and easy for you to sell.

Our portfolio includes a full range of PPO and tailored network products that make it easy for you to offer low-cost plan choices that give your clients and their employees peace of mind – helping them to live well and work well.

Plus, our uniquely designed CommunityCare tailored network offers your clients affordable solutions with comprehensive benefits.



Strength and stability you can count on

A wholly owned subsidiary of Centene Corporation, Health Net has the financial strength to innovate for the health of our community.

- #40 on the 2019 Fortune 500 list.
- Total assets of approximately \$68.3 billion.
- 2019 expected revenues of \$109.0–\$111.4 billion.
- \$25.6 billion in cash and investments.



# 2021 Highlights and Changes

Our new and simplified **2021 portfolio offerings** equip you with choices to satisfy your clients – and help keep your business growing!



What's New	Details	Plans/Networks
<b>Benefit Changes - All Plans</b>	<ul style="list-style-type: none"> <li>· <b>Out-of-network deductibles and out-of-pocket maximums</b> have been reduced from 3X to 2X the in-network amounts.</li> <li>· <b>Outpatient ambulatory surgery center</b> cost share has been changed to reflect a 10% lower coinsurance compared to the hospital outpatient benefit. Previously the differential was 5%.</li> </ul>	All plans/networks
<b>Benefit Changes - PPO</b>	<ul style="list-style-type: none"> <li>· All PPO Advantage plans have a <b>split copay for PCP &amp; Specialist office visits.</b></li> <li>· Advantage PPO products now offer <b>laboratory and x-ray services at a \$20 copay.</b></li> <li>· Advantage PPO products now cover <b>outpatient rehabilitation and therapy benefits at the PCP copay.</b></li> </ul>	PPO
<b>Benefit Changes - CommunityCare</b>	<ul style="list-style-type: none"> <li>· CommunityCare products now cover <b>outpatient rehabilitation and therapy benefits at the PCP copay.</b></li> </ul>	CommunityCare
<b>NEW Plan Designs</b>  Refer to Page 7 for additional plan details	<b>Advantage Value PPO</b> <ul style="list-style-type: none"> <li>· V35-4000-2-7350</li> </ul> <b>Essentials PPO</b> <ul style="list-style-type: none"> <li>· E35-4000-2-7350</li> <li>· E35-6000-2-7350</li> <li>· E50-3000-5-7350</li> <li>· E50-6000-5-8150</li> </ul> <b>Primary Advantage PPO.</b> New plans focused on no or low cost PCP visits and \$0 copay lab/x-ray services. <ul style="list-style-type: none"> <li>· PA0-0-4-2500</li> <li>· PA0-500-4-5000</li> <li>· PA0-1000-4-5000</li> <li>· PA10-3000-5-7350</li> <li>· PA20-5000-5-7350</li> </ul>	PPO
<b>Telemedical and Teladoc</b>	<b>Telemedical</b> services are covered at a \$0 copay with the deductible waived for most plans. For HDHP plans, telemedical services are covered at a \$0 copay after deductible. Telemedical services include coverage provided by <b>Teladoc®</b> with access to providers 24 hours a day, 365 days a year. Telemedical services are available for both medical and behavioral health services.	All plans/networks
<b>HSA &amp; HRA Integration</b>	Are your clients looking for greater convenience, service and choice in consumer-directed health care benefits? <b>We have partnered with HealthEquity</b> for HRA and HSA integration alongside our Large Group products. A proven expert in financial arrangement integration and administration, HealthEquity offers easy-to-use tools and comprehensive resources. Our PPO and CommunityCare high deductible health plans (HDHPs), can be offered alongside their integrated health savings account (HSA), while all of our PPO plans can be offered with their integrated health reimbursement account (HRA).	CommunityCare and PPO HDHPs (HSA)  All PPO plans (HRA)



# 2021 Broker Bonus Program

**At Health Net, your clients and your business are our priorities.** Earn a bonus for every group you sell with Health Net. Applies to Small, Large and Association groups. The larger the group, the larger the earning potential! Let's grow our future together!

## Sales Bonus Program

Effective October 1, 2020 through December 1, 2021

Please call your Health Net new business Account Executive for additional details.

Group Size (member count)	Bonus Amount (per group)
1 - 9	\$500
10 - 25	\$1,000
26 - 50	\$1,500
51 - 100	\$2,500
101 - 200	\$5,000
201 - 500	\$7,500
501+	\$15,000

Let us show you the money! Bring your clients home to Health Net and you'll cash in.

# Large Group Portfolio: Expanding Your Sales Opportunities

**Health Net's Plan Portfolio** gives you more ways to satisfy your customers and expand your sales opportunities.

We built our portfolio for large group employers seeking the simplicity and innovation of our best-selling plans and networks – with sustainable cost-savings. Knowing our customers helps us meet their health care needs by designing coverage options they can afford – and you can sell!

Our marketable 2021 portfolio continues to include our most affordable employer group plan solutions. Our CommunityCare tailored network plans, flexible High Deductible Health Plans (HSA-qualified), and PPO options continue to be part of our portfolio and will help you find the right answers to fit every client's business needs.



To help you sell Health Net Large Group products, refer to our benefit grid below. Detailed plan overviews are available at [www.healthnetoregon.com/broker](http://www.healthnetoregon.com/broker)  
> *Forms & Brochures* > *Large Business Groups*



2021

Plan name	DEDUCTIBLE <sup>1</sup> (SINGLE/ FAMILY)	OUT-OF-POCKET MAXIMUM <sup>2</sup> (SINGLE/FAMILY)	OFFICE VISIT (PCP/SPEC.)	COINSURANCE <sup>3</sup> (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
<b>Advantage LX PPO</b>										
LX20-500-2-4000	\$500 / \$1,000	\$4,000 / \$8,000	\$20 / \$40	20% / 40%	\$20	20% <sup>4</sup>	20%	20% / 10%	\$250 + 20%	\$50
LX25-1000-2-5000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25 / \$50	20% / 40%	\$20	20% <sup>4</sup>	20%	20% / 10%	\$250 + 20%	\$50
<b>Advantage PPO</b>										
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
<b>Value PPO</b>										
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
<b>Essentials PPO</b>										
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



Plan name	DEDUCTIBLE <sup>1</sup> (SINGLE/ FAMILY)	OUT-OF-POCKET MAXIMUM <sup>2</sup> (SINGLE/FAMILY)	OFFICE VISIT (PCP/SPEC.)	COINSURANCE <sup>3</sup> (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 <sup>1</sup> (SINGLE / FAMILY)	OUT-OF-POCKET MAXIMUM <sup>2</sup> (SINGLE / FAMILY)	OFFICE VISIT (PCP / SPEC.)	COINSURANCE <sup>3</sup> (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
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### 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<sup>5</sup>


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<sup>5</sup>


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<sup>5</sup>

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 <sup>6</sup>	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 <sup>7</sup>
CAM 15-1500 PLUS	\$15	\$25 (27 visits)	20% (27 visits)	\$1,500 <sup>7</sup>

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 <sup>8</sup>	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					
	TIER 1	TIER 2	TIER 3	DEDUCTIBLE	MAC POLICY	SPECIALTY DRUG
<b>HDHP Rx Plans<sup>5</sup></b>						
<b>NMSLHD80</b>	20%	20%	20%	N/A	No MAC	20%
<b>NMSLHD100</b>	0%	0%	0%	N/A	No MAC	0%
<b>NMSLHD70</b>	30%	30%	30%	N/A	No MAC	30%

### Deductible Plans (deductible waived on Tier 1)

<b>NMSL10-35-60-100D</b>	\$10	\$35	\$60	\$100	No MAC	20% up to \$250
<b>NMSL10-35-60-250D</b>	\$10	\$35	\$60	\$250	No MAC	20% up to \$250

<sup>1</sup> The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.

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

<sup>3</sup> Coinsurance is subject to the annual deductible.

<sup>4</sup> Deductible is waived.

<sup>5</sup> All benefits including office visit copay, pharmacy, and alternative care are after deductible.

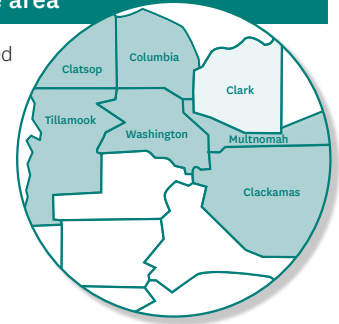
<sup>6</sup> All copayments accumulate to the medical out-of-pocket maximum.

<sup>7</sup> In- and out-of-network visits combined.

<sup>8</sup> Prescription drug tiers are Tier 1: Generic; Tier 2: Brand Preferred; Tier 3: Non-Preferred; SP: Specialty. Retail pharmacy – members may receive a 90-day fill at a retail pharmacy; one copayment coinsurance applies per 30-day supply. 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](http://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



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

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# Enhanced Choice: The Solution That Works

**Health Net invites you to be choosy!** With Enhanced Choice, you have the option to offer multiple plans to your employees. You can even mix and match PPO and CommunityCare plans to provide more network and benefit design choices. Our Enhanced Choice solution offers flexible, cost-saving choices that include:

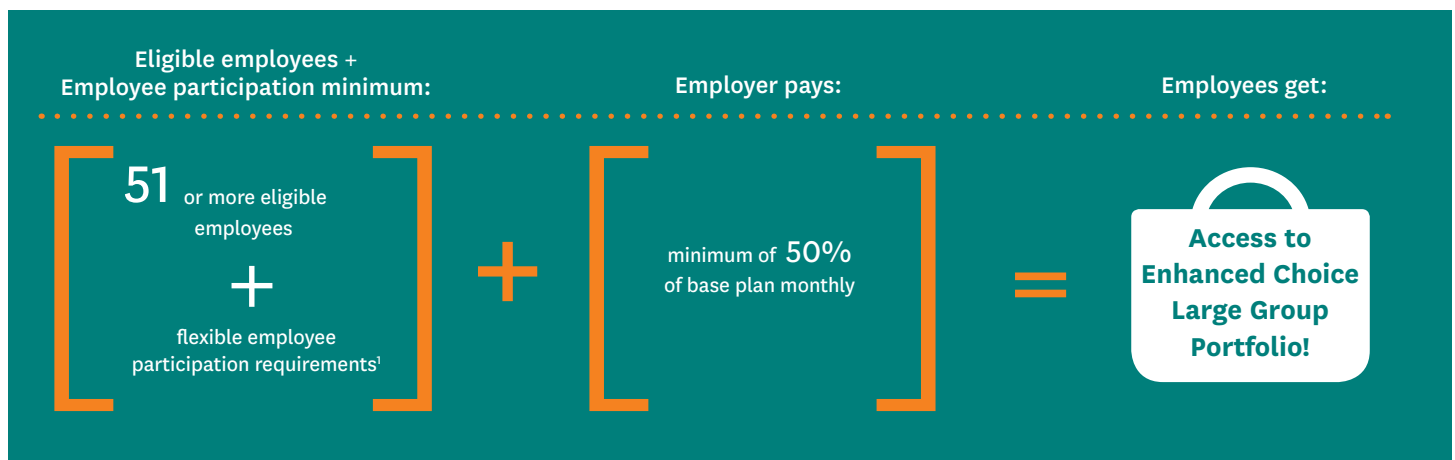
- A competitive, **defined contribution** arrangement for financial flexibility.
- The ability to provide our popular CommunityCare **tailored networks** alongside the defined contribution arrangement, making them even more affordable and competitive!
- **Broad employee choice** – offering employees the potential to choose from a variety of plan options selected by the employer group.
- Employers' ability to tie their contribution rate to the lowest-priced plan they choose.
- Less administrative burden and low-cost plan choices for employers.



## It's simple to help clients enroll in Enhanced Choice:




- 1 Select a base plan from the portfolio options.
- 2 Set their contribution to 50% of the lowest-cost base plan.
- 3 Choose unlimited plans from the portfolio.
- 4 Employees then enroll in the plan they want from the options your clients offer.

## How it works






<sup>1</sup>Refer to the group's quote or renewal documents for details regarding the participation requirements.

# Product and Network Details

Medical product or network 	Description 	Service Area 
<b>CommunityCare</b>	<p><b>Health Net CommunityCare combines a unique blend of benefits</b>, 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 versions, so your clients can choose the option that works for their business and budget.</p> <p><b>Option 1: Health Net CommunityCare 1T.</b> Featuring a single-tier benefit structure and access to the select Health Net CommunityCare Network, our base plan is the <b>most affordable</b>. This plan does not include out-of-network benefits.</p> <p><b>Option 2: Health Net CommunityCare 3T.</b> With this option, members can use the CommunityCare Network, other Health Net-contracted providers or an out-of-network provider.</p> <ul style="list-style-type: none"> <li>• <b>Level 1:</b> Services received via the Health Net CommunityCare Network are covered at a higher in-network benefit.</li> <li>• <b>Level 2:</b> Services from Health Net-contracted providers outside of the Health Net CommunityCare Network are covered at a reduced benefit, but paid based on Health Net’s negotiated network rates.</li> <li>• <b>Level 3:</b> The option to receive services from any out-of-network provider for a percentage reimbursement of the maximum allowable amount (MAA).</li> </ul>	<p>Employer groups must be located in Clackamas, Clatsop, Columbia, Multnomah, Tillamook, or Washington counties to offer CommunityCare.</p> <p>Employees must live in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties, and Clark County, WA to be eligible to enroll in CommunityCare.</p>
<b>PPO</b>	<p><b>PPO insurance plans make it possible</b> for employees to get the flexibility they want when it comes to a health care provider.</p> <p>Insureds can go to any doctor or hospital in our PPO Network. They can even see a provider outside of our network.</p> <p>We offer a wide range of traditional PPO plans supported by an extensive medical and pharmacy network. HRA integration is available on our PPO plans through HealthEquity.</p>	Statewide PPO Network
<b>HSA-Compatible PPO and CommunityCare</b>	<p>Our low-premium, high-deductible PPO and CommunityCare insurance plans <b>give employees broad benefits and access to both of our networks</b>, along with the tax-saving potential of a Health Savings Account (HSA).</p> <p>These smart plans are an effective way for clients to take a consumer-directed health care approach to the way they offer benefits. HSA integration is available on our high deductible health plans through HealthEquity.</p>	Statewide PPO Network and Tailored Network CommunityCare



**Dental. Vision.** Helping employees gain and maintain healthier lifestyles is a key selling point! We offer the supplemental essentials to complement medical coverage and a variety of healthy life choices.

Supplemental product	Description	Service Area
 <p><b>Dental</b></p>	 <p><b>Dental PPO plan choices</b> provide clients with value, flexibility, simplicity, and a focus on prevention and wellness. Our dental plans offer comprehensive coverage and provide access to a statewide network of dental providers.</p>	 <p>Statewide</p>
<p><b>Vision</b></p>	<p><b>Vision PPO plan choices</b> that come standard with these key features: no or low copayments; provider choice, including optical retailers, frame choice, contact lenses by mail; discounted LASIK or PRK (if authorized); secondary purchase plan.</p>	<p>Statewide</p>



# Decision Power®: Health & Wellness

Decision Power is an integrated program created to engage people in their health. With personalized tools and achievable goals, employees can feel confident in their ability to make positive and lasting behavioral changes.

**Through Decision Power, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness:**



Get help with a specific health goal.



Assess health risks with the Health Risk Questionnaire.



Learn about treatment options.



Track diet, exercise or cholesterol.



Try an online improvement program.



Better manage chronic illness.



## Focus on Early Access and Prevention

*We don't wait until people get sick to help out. Our job, always, is to connect your employees with the care they need. We want them to use their benefits!*

That's why we're starting outreach – phone calls, mailings and more – to encourage our members to get their annual wellness exam. It costs \$0 out-of-pocket, and it's the best way for people to know their health status. It's also the most effective way for Health Net to know how best to meet their health needs.

From there, we can connect people to the care and resources they need to be their healthiest. Our resources span the full spectrum of health from timesaving conveniences to in-depth support, such as:

- **Nurse advice** services around the clock at 1-800-893-5597.
- **CommunityCare Wellness Reward**  
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. 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.healthnetoregon.com](http://www.healthnetoregon.com) account.
- **The Active&Fit® Direct Program<sup>1</sup>** is a member fitness discount program through American Specialty Health (ASH) that is available with all our portfolio plans.
  - Members receive access to 11,000+ participating fitness centers nationwide.
  - Members receive access to 1,500+ digital workout videos.
  - Member-funded: \$29.99/month fee, with a \$29.99 enrollment fee, plus any applicable taxes.
- Sign up through Health Net Member portal.
- **Disease management** for people living with ongoing health challenges like diabetes, asthma, COPD, heart disease, and heart failure.
- **Quit for Life** telephonic tobacco cessation program that also includes help in quitting vaping. Your quit coach will help you manage your cravings and stay on track with your quit plan.
- **myStrength** online and mobile app program to help you manage stress, anxiety, pain, and more. To access the program, log on to [www.mystrength.com/hnwell](http://www.mystrength.com/hnwell).
- **Wellness health coaching** is one-on-one phone support to help you reach your health goals and develop a healthy mindset and habits. Wellness coaches can help you lose weight, eat healthier, quit smoking, manage stress, or begin an exercise program. Your coach will help you reassess and stay on track with your goals – making it easier to achieve lasting, positive changes to your health.

Questions? We're here with answers.



Call your Health Net Account Executive.



Visit us online at [www.healthnetoregon.com/broker](http://www.healthnetoregon.com/broker).

### For benefit/eligibility verification or claims issues, members can call:

**CUSTOMER CONTACT CENTER:** 1-888-802-7001

### For dental and vision questions, members can call:

**DENTAL:** 1-877-410-0176

**VISION:** 1-866-392-6058

### For alternative care questions, members can call:

**ALTERNATIVE CARE:** 1-800-678-9133

### For behavioral health/chemical dependency questions, members can call:

**MHN:** 1-800-977-8216

### For questions relating to broker commissions and contracting, brokers can contact:

**BROKER SERVICES:** 1-888-802-7001, option 4

**EMAIL:** [orbrokerrelations@healthnet.com](mailto:orbrokerrelations@healthnet.com)

### View and download a collection of sales materials:

Go to [www.healthnetoregon.com/broker](http://www.healthnetoregon.com/broker) > *Forms & Brochures* > *Large Business Groups*

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.

The Active&Fit Direct program is provided through American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct and the Active&Fit logos are trademarks of ASH.

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.

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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