

Health Net Small Group 2021 Portfolio



BROKER COMMUNICATIONS

*Coverage for
every stage of life™*

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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 Small 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.



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.



Online Quoting Tools.

Three online quoting tools are available to assist you in obtaining a Health Net Small Group quote.

Sales Web Portal

With Sales Web Portal, you're on the fast track to:

- Generate quotes fast – minimal information needed.
- View, compare and quote a full range of health benefits, including Medical, Dental, Vision, and Life – giving you the power to cross-sell and expand your business.
- Easily upload your census directly into our quoting tool.

Visit Broker News & Resources –

www.healthnetoregon.com/brokers/news-reminders.html

to watch the Sales Web Portal mini movie and tour, plus handy how-to videos that walk you through the key areas of Sales Web Portal.

You can watch a quote setup, and learn how to complete a census and generate proposals!

Then, check out Sales Web Portal yourself to find out just how easy it is to quote online today! Start by logging in to your broker account. Then:

1. From the menu bar: Click on *Sales Tools and Quoting*.
2. Under Small Business Groups: Click on *SBG New Business Quotes & Proposals*.

Sales Web Portal is designed to make it faster and easier to do what you do best – sell optimal health plan solutions that fit your clients and keep them satisfied.

Wired Quote

Wired Quote is an online, easy-to-use Small Group quoting tool. Enter or upload your census in Wired Quote and instantly receive quotes. To obtain a quote, visit www.wiredquote.com and log in. If you do not have a login, reach out to Wired Quote at sales@wiredquote.com.

QuoteRain

This easy online Small Group quoting tool is for agents who are contracted with QuoteRain. To inquire about login access visit www.quoterain.com.



Simplifying Renewals for You



Key dates	
90 days ahead of renewal date	<ul style="list-style-type: none"> • Renewal packages ready. Call your account manager if you do not have your renewal packages within two weeks of the 90-day mark. • Closure letters mailed if there are plan closures.
6 weeks in advance of renewal date	Last date to submit plan changes to ensure accurate processing and billing. Example: October 20 for a December renewal.
8 weeks in advance of renewal date	Health Net begins process to automatically renew groups into the plan listed in the Renewal Proposal – and as quoted – if no plan change is received. Example: October 1 for a December renewal.
4th of the month before the renewal month	Bill processing begins and runs through the 17th. Example: November 4 for a December renewal.
1st of the renewal month	<i>Summary of Benefits and Coverage</i> documents available at www.healthnetoregon.com/sbc . Note that SBCs are no longer mailed with the renewals.

Renewal checklist

Speed up renewals and be your clients' superhero. We're here to help.

- ✓ **Connect with your account manager** to go over any questions or group-specific strategies.
- ✓ **Order materials** if you need them – Allow 7 to 10 business days.
- ✓ **Plan for processing time.**
 - Renewal confirmations: 10 business days.
 - ID cards: mailed 3 to 5 business days after renewal confirmations are processed.
 - Open enrollment and changes: 10 business days.
- ✓ **Complete the Open Enrollment Medical Plan Change Request Form** to request any plan changes.

Double check:

- Is the form accurate and complete?
- Has the employer signed the form?
- Have you sent enrollment forms for any new employee or dependent additions to Health Net for processing?

- ✓ **Submit all changes and paperwork** by the 20th of the month (i.e., six weeks before the renewal month) to ensure timely, accurate processing and billing!

Probationary periods

For plan changes received after the six-week notification date, your groups can expect:

- Retroactive adjustments to billing up to two bill cycles past the renewal month.
- Another set of ID cards.

2021 Highlights and Changes

Benefit Changes - All Plans

- Outpatient ambulatory surgical center cost share has been changed to reflect a 10% lower coinsurance compared to the hospital outpatient benefit. Previously the differential was 5%.
- HSA integration is now available through Health Equity for our high deductible PPO plans. A proven expert in financial arrangement integration and administration, HealthEquity offers easy-to-use tools and comprehensive resources.
- Telemedical 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 Teladoc® with access to providers 24 hours a day, 365 days a year. Telemedical services are available for both medical and behavioral health services.

Plan Name	2020	2021
PPO		
P10-250-1-4000LX		
• Laboratory and X-Ray	10%	\$10
• Outpatient Rehabilitation	10%	\$20
P20-500-2-4000LX changed to P10-500-2-4000LX		
• Primary Care Provider/Office Visit	\$20	\$10
• Specialist	\$40	\$20
• Laboratory and X-Ray	20%	\$10
• Outpatient Rehabilitation	20%	\$20
P20-750-2-4000LX changed to P10-750-2-4000LX		
• Primary Care Provider/Office Visit	\$20	\$10
• Specialist	\$40	\$20
• Laboratory and X-Ray	20%	\$10
• Outpatient Rehabilitation	20%	\$20
P20-500-3-7900DX		
• Laboratory and X-Ray	30%	\$20
• Outpatient Rehabilitation	30%	\$40
P30-1500-2-7900DX		
• Laboratory and X-Ray	20%	\$20
• Outpatient Rehabilitation	20%	\$60
P20-2000-2-7900DX		
• Laboratory and X-Ray	20%	\$20
• Outpatient Rehabilitation	20%	\$40
P20-2500-3-7900DX		
• Laboratory and X-Ray	30%	\$20
• Outpatient Rehabilitation	30%	\$40
P30-3500-3-7900DX		
• Laboratory and X-Ray	30%	\$20
• Outpatient Rehabilitation	30%	\$60
P7350-0-7350ES changed to P8250-0-8250ES		
• Deductible	\$7,350	\$8,250
• Out-of-Pocket Max	\$7,350	\$8,250
HD6550-0-6550ES changed to HD6900-0-6900ES		
• Deductible	\$6,550	\$6,900
• Out-of-Pocket Max	\$6,550	\$6,900
Health Net Oregon Standard Gold Plan		
• Deductible	\$1,000	\$1,500
Health Net Oregon Standard Silver Plan		
• Deductible	\$3,550	\$3,650
Health Net Oregon Standard Bronze Plan		
• Deductible	\$7,900	\$8,550
• Out-of-Pocket Max	\$7,900	\$8,550
• Primary Care Provider/Office Visit	\$45	\$50
• Specialist	\$50	\$100
• Generic RX	\$15	\$20
• Urgent Care	0%	\$100
• Outpatient Rehabilitation	\$45	\$50
CommunityCare IT		
CC1T25-750-2-3000DX changed to CC1T20-750-2-3000DX		
• Primary Care Provider/Office Visit	\$25	\$20
• Specialist	\$55	\$50
• Laboratory and X-Ray	20%	\$20
• Urgent Care	\$55	\$50
CC1T25-1000-2-7900		
• Laboratory and X-Ray	20%	\$25
CC1T25-2000-2-7900DX		
• Laboratory and X-Ray	20%	\$25
CC1T25-3500-2-7900DX		
• Laboratory and X-Ray	20%	\$25

Plan Name	2020	2021
CommunityCare 3T		
CC3T25-750-2-3000DX changed to CC3T20-750-2-3000DX		
• Primary Care Provider/Office Visit	\$25	\$20
• Specialist	\$55	\$50
• Laboratory and X-Ray	20%	\$20
• Urgent Care	\$55	\$50
CC3T25-1000-2-7900		
• Laboratory and X-Ray	20%	\$25
CC3T25-2000-2-7900DX		
• Laboratory and X-Ray	20%	\$25
CC3T25-3500-2-7900DX		
• Laboratory and X-Ray	20%	\$25
New Plan Additions		
PPO Plan Additions		
• PO-1500-4-7900DX		Gold
• PO-3500-4-7900DX		Gold
• P20-5000-5-8150DX		Silver
• HD3000-3-6750ES		Silver HDHP
• HD4000-3-6750ES		Silver HDHP
CommunityCare Plan Additions		
• CC1T15-500-1-3000DX		Platinum
• CC3T15-500-1-3000DX		Platinum

Notice of Changes to Coverage Terms

Commercial Small Business Group plan contracts will contain updates as shown in the “Notice of Changes to Coverage Terms” document. For details on the benefit or coverage modifications, log in to www.healthnetoregon.com/noc. For more information, please contact your Health Net Account Management team.

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.

Small 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 small 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 Small Group products, refer to our benefit grid below. Detailed plan overviews are available at www.healthnetoregon.com/broker
> Forms & Brochures > Small Business Groups



2021

Plan name	Member(s) responsibility											
	METAL LEVEL	DEDUCTIBLE ² (SINGLE/FAMILY)	OUT-OF-POCKET MAXIMUM ³ (SINGLE/FAMILY)	OFFICE VISIT (PCP/SPEC.)	COINSURANCE ⁴ (IN-NETWORK/OUT-OF-NETWORK)	LAB AND X-RAY	CT/MRI/PET/SPEC	INPATIENT HOSPITAL	OUTPATIENT SURGERY (ASC/HOSPITAL)	EMERGENCY ROOM (COPAY WAIVED IF ADMITTED)	URGENT CARE	PHARMACY ⁷

PPO

P10-250-1-4000LX	Platinum	\$250 / \$500	\$4,000 / \$8,000	\$10 / \$20	10% / 50%	\$10	10% ⁵	10%	5% / 10%	\$250 + 10%	\$50	\$10 / \$30 / \$90 / 50%
P10-500-2-4000LX	Platinum	\$500 / \$1,000	\$4,000 / \$8,000	\$10 / \$20	20% / 50%	\$10	20% ⁵	20%	10% / 20%	\$250 + 20%	\$50	\$10 / \$30 / \$90 / 50%
P10-750-2-4000LX	Platinum	\$750 / \$1,500	\$4,000 / \$8,000	\$10 / \$20	20% / 50%	\$10	20% ⁵	20%	10% / 20%	\$250 + 20%	\$50	\$10 / \$30 / \$90 / 50%
P50-0-5-5000	Gold	\$0 / \$0	\$5,000 / \$10,000	50% / 50%	50% / 50%	50%	50%	50%	40% / 50%	50%	50%	\$15 / \$45 / \$90 / 50%
PO-1500-4-7900DX	Gold	\$1,500 / \$3,000	\$7,900 / \$15,800	\$0 / \$50	40% / 50%	\$0	40%	40%	30% / 40%	40%	\$50	\$250 deductible \$0 ⁵ / \$45 / 50% / 50%
PO-3500-4-7900DX	Gold	\$3,500 / \$7,000	\$7,900 / \$15,800	\$0 / \$50	40% / 50%	\$0	40%	40%	30% / 40%	40%	\$50	\$250 deductible \$0 ⁵ / \$45 / 50% / 50%
P20-500-3-7900DX	Gold	\$500 / \$1,000	\$7,900 / \$15,800	\$20 / \$40	30% / 50%	\$20	30%	30%	20% / 30%	\$250 + 30%	\$50	\$15 / \$45 / \$90 / 50%
P20-1000-2-7900DX	Gold	\$1,000 / \$2,000	\$7,900 / \$15,800	\$20 / \$40	20% / 50%	\$20	20%	20%	10% / 20%	\$250 + 20%	\$50	\$15 / \$45 / \$90 / 50%
P20-2000-2-7900DX	Gold	\$2,000 / \$4,000	\$7,900 / \$15,800	\$20 / \$40	20% / 50%	\$20	20%	20%	10% / 20%	\$250 + 20%	\$50	\$20 / \$45 / \$90 / 50%
P20-2500-3-7900DX	Gold	\$2,500 / \$5,000	\$7,900 / \$15,800	\$20 / \$40	30% / 50%	\$20	30%	30%	20% / 30%	\$250 + 30%	\$50	\$20 / \$45 / \$90 / 50%
P30-1500-2-7900DX	Gold	\$1,500 / \$3,000	\$7,900 / \$15,800	\$30 / \$60	20% / 50%	\$20	20%	20%	10% / 20%	\$250 + 20%	\$50	\$15 / \$45 / \$90 / 50%
P30-3500-3-7900DX	Gold	\$3,500 / \$7,000	\$7,900 / \$15,800	\$30 / \$60	30% / 50%	\$20	30%	30%	20% / 30%	\$250 + 30%	\$50	\$20 / \$45 / \$90 / 50%
P20-5000-5-8150DX	Silver	\$5,000 / \$10,000	\$8,150 / \$16,300	\$20 / \$50	50% / 50%	\$20	50%	50%	40% / 50%	50%	\$50	\$350 deductible \$15 ⁵ / \$50 / 50% / 50%
P40-3000-3-8150ES	Silver	\$3,000 / \$6,000	\$8,150 / \$16,300	\$40 / \$80	30% / 50%	30%	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%
P40-4000-3-8150ES	Silver	\$4,000 / \$8,000	\$8,150 / \$16,300	\$40 / \$80	30% / 50%	30%	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%
P45-3500-5-8150ES	Silver	\$3,500 / \$7,000	\$8,150 / \$16,300	\$45 / \$90	50% / 50%	50%	50%	50%	40% / 50%	50%	\$90	\$25 / \$50 / 50% / 50%
P45-5000-5-8150ES	Silver	\$5,000 / \$10,000	\$8,150 / \$16,300	\$45 / \$90	50% / 50%	50%	50%	50%	40% / 50%	50%	\$90	\$25 / \$50 / 50% / 50%
P8250-0-8250ES	Bronze	\$8,250 / \$16,500	\$8,250 / \$16,500	0% / 0%	0% / 50%	0%	0%	0%	0% / 0%	0%	0%	0% ⁶ / 0% ⁶ / 0% ⁶ / 0% ⁶

High Deductible PPO⁸

HD2800-2-5500ES	Silver	\$2,800 / \$5,600	\$5,500 / \$11,000	20% / 20%	20% / 50%	20%	20%	20%	10% / 20%	20%	20%	20% ⁶ / 20% ⁶ / 50% ⁶
HD3000-3-6750ES	Silver	\$3,000 / \$6,000	\$6,750 / \$13,500	30% / 30%	30% / 50%	30%	30%	30%	20% / 30%	30%	30%	30% ⁶ / 30% ⁶ / 50% ⁶
HD4000-3-6750ES	Silver	\$4,000 / \$8,000	\$6,750 / \$13,500	30% / 30%	30% / 50%	30%	30%	30%	20% / 30%	30%	30%	30% ⁶ / 30% ⁶ / 50% ⁶
HD6900-0-6900ES	Bronze	\$6,900 / \$13,800	\$6,900 / \$13,800	0% / 0%	0% / 50%	0%	0%	0%	0% / 0%	0%	0%	0% ⁶ / 0% ⁶ / 0% ⁶ / 0% ⁶

Standard PPO

HEALTH NET OREGON STANDARD PLAN	Gold	\$1,500 / \$3,000	\$7,300 / \$14,600	\$20 / \$40	20% / 50%	20%	20%	20%	20% / 20%	20%	\$60	\$10 / \$30 / 50% / 50% (\$500 per script cap %)
HEALTH NET OREGON STANDARD PLAN	Silver	\$3,650 / \$7,300	\$8,550 / \$17,100	\$40 / \$80	30% / 50%	30%	30%	30%	30% / 30%	30%	\$70	\$15 / \$60 / 50% / 50%
HEALTH NET OREGON STANDARD PLAN	Bronze	\$8,550 / \$17,100	\$8,550 / \$17,100	\$50 / \$100	0% / 50%	0%	0%	0%	0% / 0%	0%	\$100	\$20 ⁵ / 0% ⁶ / 0% ⁶ / 0% ⁶

CommunityCare 1T

15-500-1-3000DX	Platinum	\$500 / \$1,000	\$3,000 / \$6,000	\$15 / \$45	10% / Not covered	\$15	10%	10%	5% / 10%	\$250 + 10%	\$45	\$10 / \$30 / \$90 / 50%
20-750-2-3000DX	Platinum	\$750 / \$1,500	\$3,000 / \$6,000	\$20 / \$50	20% / Not covered	\$20	20%	20%	10% / 20%	\$250 + 20%	\$50	\$10 / \$30 / \$90 / 50%




Plan name	Member(s) responsibility											
	METAL LEVEL	DEDUCTIBLE ² (SINGLE/FAMILY)	OUT-OF-POCKET MAXIMUM ³ (SINGLE/FAMILY)	OFFICE VISIT (PCP/SPEC.)	COINSURANCE ⁴ (IN-NETWORK/OUT-OF-NETWORK)	LAB AND X-RAY	CT/MRI/PET/SPEC	INPATIENT HOSPITAL	OUTPATIENT SURGERY (ASC/HOSPITAL)	EMERGENCY ROOM (COPAY WAIVED IF ADMITTED)	URGENT CARE	PHARMACY ⁷

CommunityCare 1T (continued)

25-1000-2-7900DX	Gold	\$1,000 / \$2,000	\$7,900 / \$15,800	\$25 / \$65	20% / Not covered	\$25	20%	20%	10% / 20%	\$250 + 20%	\$65	\$15 / \$45 / \$100 / 50%
25-2000-2-7900DX	Gold	\$2,000 / \$4,000	\$7,900 / \$15,800	\$25 / \$65	20% / Not covered	\$25	20%	20%	10% / 20%	\$250 + 20%	\$65	\$15 / \$45 / \$100 / 50%
25-3500-2-7900DX	Gold	\$3,500 / \$7,000	\$7,900 / \$15,800	\$25 / \$65	20% / Not covered	\$25	20%	20%	10% / 20%	\$250 + 20%	\$65	\$15 / \$45 / \$100 / 50%
40-3000-3-8150ES	Silver	\$3,000 / \$6,000	\$8,150 / \$16,300	\$40 / \$80	30% / Not covered	\$30	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%
40-4500-3-8150ES	Silver	\$4,500 / \$9,000	\$8,150 / \$16,300	\$40 / \$80	30% / Not covered	\$30	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%

CommunityCare 3T

15-500-1-3000DX	Platinum	\$500 / \$1,000	\$3,000 / \$6,000	\$15 / \$45	10% / 50%	\$15	10%	10%	5% / 10%	\$250 + 20%	\$45	\$10 / \$30 / \$90 / 50%
20-750-2-3000DX	Platinum	\$750 / \$1,500	\$3,000 / \$6,000	\$20 / \$50	20% / 50%	\$20	20%	20%	10% / 20%	\$250 + 20%	\$50	\$10 / \$30 / \$90 / 50%
25-1000-2-7900DX	Gold	\$1,000 / \$2,000	\$7,900 / \$15,800	\$25 / \$65	20% / 50%	\$25	20%	20%	10% / 20%	\$250 + 20%	\$65	\$15 / \$45 / \$100 / 50%
25-2000-2-7900DX	Gold	\$2,000 / \$4,000	\$7,900 / \$15,800	\$25 / \$65	20% / 50%	\$25	20%	20%	10% / 20%	\$250 + 20%	\$65	\$15 / \$45 / \$100 / 50%
25-3500-2-7900DX	Gold	\$3,500 / \$7,000	\$7,900 / \$15,800	\$25 / \$65	20% / 50%	\$25	20%	20%	10% / 20%	\$250 + 20%	\$65	\$15 / \$45 / \$100 / 50%
40-3000-3-8150ES	Silver	\$3,000 / \$6,000	\$8,150 / \$16,300	\$40 / \$80	30% / 50%	\$30	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%
40-4500-3-8150ES	Silver	\$4,500 / \$9,000	\$8,150 / \$16,300	\$40 / \$80	30% / 50%	\$30	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%

Plan name	Member(s) responsibility								
 Alternative care^{9,10}	OFFICE VISIT (CHIROPRACTIC / ACUPUNCTURE)		OFFICE VISIT (MASSAGE THERAPY)		OUT-OF-NETWORK		MAXIMUM CALENDAR YEAR BENEFIT FOR ACUPUNCTURE		
CAM 20-500 (EMBEDDED)	\$20		\$25 (9 visits)		N/A		\$500		
CAM 15-1000	\$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 ¹¹		
 Dental	DEDUCTIBLE (SINGLE / FAMILY)		MAXIMUM CALENDAR YEAR		COINSURANCE (PREVENTIVE / BASIC / MAJOR / ORTHO)		CLEANINGS	EXAMS	X-RAYS
PLUS D50-1855-1500	\$50 / \$150		\$1,500		0% / 20% / 50% / 50%		0%	0%	0%
VALUE D50-185-1500V	\$50 / \$150		\$1,500		0% / 20% / 50% / Not covered		0%	0%	0%
PREFERRED PLUS DP50-1855-1500	\$50 / \$150		\$1,500		0% / 20% / 50% / 50%		0%	0%	0%
ESSENTIALS D50-16-500	\$50 / N/A		\$500		0% / 40% / Not covered / Not covered		0%	0%	0%
 Vision	EXAM		FRAME ALLOWANCE		LENSES (SINGLE / BIFOCAL / TRIFOCAL / PROGRESSIVE)		FREQUENCY (MONTHS) (EXAMINATION / LENSES / FRAME / CONTACT LENSES IN LIEU OF LENSES)		
ELITE 1010-1	\$10		\$150		\$10 / \$10 / \$10 / \$75		12 / 12 / 12 / 12		
PREFERRED 1025-2	\$10		\$100		\$25 / \$25 / \$25 / \$90		12 / 12 / 24 / 12		
PREFERRED 1025-3	\$10		\$100		\$25 / \$25 / \$25 / \$90		12 / 24 / 24 / 24		

¹ All medical plans include pediatric vision coverage. Pediatric dental coverage must be purchased for dependents under 19 years of age through Health Net or another carrier. Pediatric dental is not available with the Health Net of Oregon Standard medical plans.

² The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.

³ 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.

⁴ Coinsurance is subject to the annual deductible.

⁵ Deductible is waived.

⁶ After deductible.

⁷ 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. MAC A applies. 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.

⁸ All benefits including office visit copay, pharmacy, and alternative care are after deductible.

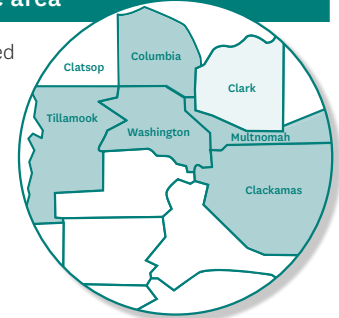
⁹ All copayments accumulate to the medical out-of-pocket maximum.

¹⁰ Benefit not available on Standard Plans.

¹¹ In- and out-of-network visits combined.

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.



Participation guidelines

1-5 eligible employees



66% minimum employee participation

Employer pays minimum of 50% of base plan monthly

6-50 eligible employees



50% minimum employee participation

Access to Health Net's Enhanced Choice portfolio

Enhanced Choice

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:

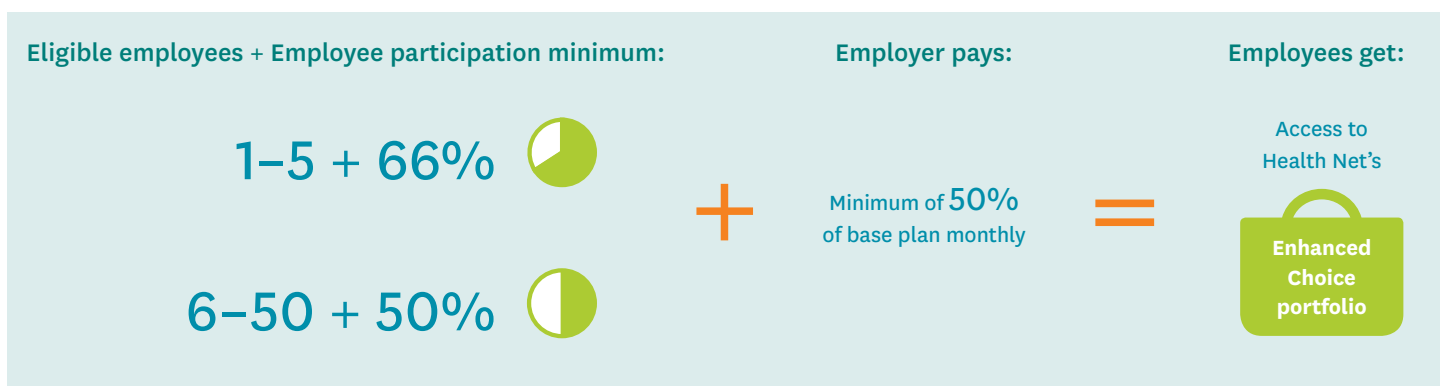


It's simple to help you enroll in Enhanced Choice:




- 1 Select a base plan from the portfolio options.
- 2 Set your 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.

- 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.





ENHANCED CHOICE PARTICIPATION REQUIREMENTS



Product and Network Details

Medical product or network 	Description 	Service Area 
CommunityCare	<p>Health Net CommunityCare combines a unique blend of benefits, a tailored network and personal, whole-health support in one simple package. The Health Net CommunityCare Network includes Legacy Health System, Tuality Healthcare, Adventist Health Systems, and other distinguished providers. By partnering with select providers – in conjunction with designing benefits that encourage cost-effective care – the CommunityCare Network creates value and lower costs for employers. Plus, it gives employees access to valued, local health care resources. Health Net CommunityCare comes in two versions, so your clients can choose the option that works for their business and budget.</p> <p>Option 1: Health Net CommunityCare 1T. Featuring a single-tier benefit structure and access to the select Health Net CommunityCare Network, our base plan is the most affordable. This plan does not include out-of-network benefits.</p> <p>Option 2: Health Net CommunityCare 3T. 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"> • Level 1: Services received via the Health Net CommunityCare Network are covered at a higher in-network benefit. • Level 2: Services from Health Net-contracted providers outside of the Health Net CommunityCare Network are covered at a reduced benefit, but paid based on Health Net’s negotiated network rates. • Level 3: The option to receive services from any out-of-network provider for a percentage reimbursement of the maximum allowable amount (MAA). 	<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>
PPO	<p>PPO insurance plans make it possible 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
HSA-Compatible PPO	<p>Our low-premium, high-deductible PPO insurance plans give employees broad benefits and access to both of our networks, 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

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
  Dental	 Dental PPO plan choices 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.	 Statewide
Vision	Vision PPO plan choices 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.	Statewide

Note: Pediatric Vision coverage (ages newborn through 19) is automatically included with all medical plans. Pediatric Dental coverage (ages newborn through 19) is offered with all medical plans, with the exception of the State Standard PPO plans. Pediatric Dental is not offered on these plans.



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 account.
- **The Active&Fit® Direct Program¹** 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.
- **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.

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

View and download a collection of sales materials:

Go to www.healthnetoregon.com/broker > *Forms & Brochures* > *Small 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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