



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

SMALL BUSINESS GROUP

Renewal Guide

SMALL GROUP SOLUTIONS 2021



EMPLOYER COMMUNICATIONS

Coverage for
every stage of life™



Satisfaction Starts Here

SMALL GROUP SOLUTIONS 2021

We've added new plan solutions to meet the changing needs of your employees in 2021. Move your business forward by offering your employees affordable, flexible options. With the wide range of small business-focused solutions available, it's easy to find the plan that fits.



Choose from a wide range of cost and coverage options

Right-size plans to suit your employees and your balance sheet. Each affiliated with a network of select local care providers, offer favorable rates across the portfolio.



Ensure around-the-clock access to care

Virtual doctor visits via Teladoc Health are available for all plans in 2021. Plus, the Nurse Advice Line is another 24/7 resource for over-the-phone health advice and support for all plans.



Local customer service you can trust

Our local customer service team is ready to help with whatever you and your employees need – with quick responses by phone or email.

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We look forward to helping you offer the **benefits** your employees **value** at a cost that's good for business.

Small Group Solutions 2021

ROBUST, FLEXIBLE, AFFORDABLE COVERAGE OPTIONS

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 1-888-802-7001, OPTION 2, OPTION 1.

2021 Highlights and Changes

Benefit Changes - All Plans

- Outpatient ambulatory service 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

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

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 / 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 / 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 / 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.

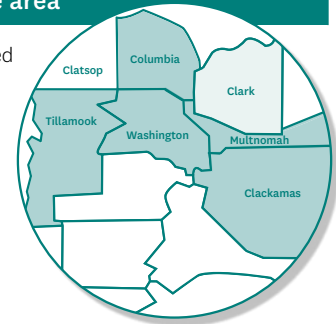
⁹ All copayments accumulate to the medical out-of-pocket maximum.

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

Access to Health Net's



6-50 eligible employees



50% minimum employee participation

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:

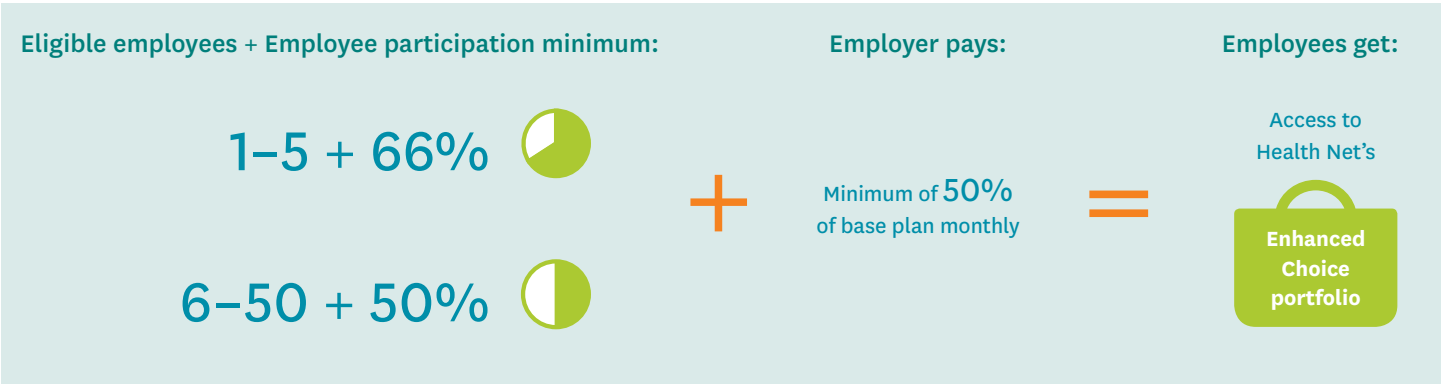


It's simple to help you enroll in Enhanced Choice:

- 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



Understanding Rates

Our goal is to minimize rate adjustments, so you can continue to provide health care benefits to your employees.

Rates take into account many variables, such as new technologies and rising health care costs. Small Group premiums have been affected by the following changes related to the Affordable Care Act for ACA-compliant health plans:

- Age – limited to a 1:3 ratio. Example: The rate for a 64-year-old can't be more than three times (300%) the rate for a 21-year-old.
- Each family member is rated individually based on his/her age. For the purpose of rating, the member's age is determined at the time a policy is issued or renewed.
- Only the first three children under age 21 are charged.

- Rates based on the geographic rating region of the employer.
- Regional rating areas are now grouped together for rating based upon the regions chosen by the state of Oregon.
- Health status has been removed as a rating factor.
- Your premium is priced as part of one Health Net rating pool.
- Your pricing is adjusted to reflect the average risk in the state of Oregon.

In the event additional federal or state legislative guidance or regulatory requirements emerge that result in a modification of the estimated impact of the benefit mandates, taxes or fees, Health Net reserves the right to further adjust its premium schedule.

We must raise rates to provide access to quality care. We know that higher health costs have an impact on your business.

You may be able to offset a renewal rate increase or even save over current rates by switching to a different plan or plans. For example, a plan with a higher deductible or a higher office visit copayment could lower rates.

You can use our 2021 Oregon Small Business Group Portfolio to evaluate your options.

In addition, your premium reflects the following taxes and fees:

\$0.41

participant/month

charge to cover two federal fees



Ancillary Programs

One-stop shopping for dental, vision and alternative care

Designing a well-rounded benefits package is easy with Health Net. Complementing our collection of medical plans are the essentials that help your employees be their healthiest and most productive, which is good for business!

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 1-888-802-7001, OPTION 2, OPTION 1.





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.




Vision coverage benefits

- \$0 copayments for vision exams and lenses.
- Large network of independent providers, including LensCrafters, Pearle Vision and Target Optical.
- Secondary purchase plan – Discounts up to 40% on all covered materials and services once initial benefit has been used.

Dental¹ coverage benefits

- Choose your own dental providers.
- Budget your care – Find out your costs up front by using our convenient online treatment cost calculator. Log in to your account at www.yourdentalplan.com/healthnet and click on Dental Cost Calculator.

Benefits and coverage		Copayment 
Vision care services 		
Routine eye exam <i>(limit: 1 per calendar year)</i>		\$0
Lenses <i>(limit: 1 per calendar year):</i>		\$0
<ul style="list-style-type: none"> • Single vision, bifocal, trifocal, lenticular • Glass or plastic 		
Provider-selected frames <i>(limit: 1 per calendar year)</i>		\$0
Optional lenses and treatments: <ul style="list-style-type: none"> • UV treatment • Tint (fashion, gradient and glass-grey) • Standard plastic scratch coating • Standard polycarbonate • Photochromatic / transitions plastic • Standard anti-reflective coating • Polarized • Standard progressive lenses • Hi-index lenses • Blended segment lenses • Intermediate vision lenses • Select or ultra-progressive lenses 		\$0
Provider-selected contact lenses <i>(in lieu of eyeglass lenses):</i> <ul style="list-style-type: none"> • Disposable: <ul style="list-style-type: none"> Daily wear – up to 3-month supply of daily disposable, single vision Extended wear – up to 6-month supply of monthly or 2-week disposable, single vision • Conventional: 1 pair from selection of provider-designated contact lenses • Medically necessary² 		\$0

Benefits and coverage		
Dental care services 	In-network member pays 	Out-of-network ³ member pays 
Annual deductible	\$100 deductible applies to all services	
Annual calendar year benefit maximum	None	
Preventive	0%	0%
Routine exams		
Bitewing X-rays	0%	0%
Prophylaxis (cleanings)	0%	0%
Fluoride	0%	0%
Basic	50%	50%
Sealants		
Restorative	50%	50%
Space maintainers	50%	50%
Oral surgery	50%	50%
Endodontics	50%	50%
Periodontics	50%	50%
Major	50%	50%
Crowns		
Dentures and bridgework	50%	50%
Orthodontics	50%	50%
Medically necessary orthodontics		

¹The Affordable Care Act requires that pediatric dental services be covered as one of the 10 required Essential Health Benefits. You can purchase pediatric dental coverage through Health Net or any certified carrier. Please check with your employer.

²Medically necessary contact lenses: Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression. Contact lenses may be determined to be medically necessary for the treatment of conditions, including, but not limited to: keratoconus, pathological myopia, aphakia, anisometropia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism. Medically necessary contact lenses are dispensed in lieu of other eyewear. Participating providers will obtain the necessary preauthorization for these services.

³Maximum Allowable Amount (MAA) is the amount Health Net Health Plan of Oregon, Inc. uses to calculate what we pay for necessary dental care provided by a nonparticipating provider. The MAA is determined by Health Net Health Plan of Oregon, Inc., based on data obtained on fees usually charged by providers for the same services within the same geographic areas.

Plans That Make You Smile

With Health Net, you can choose from a full line of affordable dental and vision coverage products and have a single point of contact for all your health care needs.

Some of the key advantages of these products are listed here.

Dental Plus key plan benefits

- Includes 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.
- Out-of-network benefits are reimbursed at the Reasonable & Customary amount (R&C).
- 6 month waiting period on Major and Orthodontic Services.²

Dental Value plan benefits

- 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.
- Out-of-network benefits are reimbursed at the Reasonable & Customary amount (R&C).
- 6 month waiting period on Major Services.²

Dental Preferred Plus plan benefits

- PPO-type dental plan, higher benefit in-network.
- DP 50: Endodontics, periodontia and oral surgery are reimbursed at tier 2 (Basic); plan includes orthodontia.
- Out-of-network benefits are reimbursed at the Reasonable & Customary amount (R&C).
- 6 month waiting period on Major and Orthodontic Services.²

Dental Essentials plan benefits

- PPO-type dental plan, higher benefit in-network.
- Covers preventive and basic services only, no major services, no orthodontia.
- Out-of-network benefits are reimbursed at the Maximum Allowable Amount (MAA).

¹Dental benefits are underwritten by Health Net Health Plan of Oregon, Inc. Dental benefits are administered by Dental Benefit Providers, Inc. Dental Benefit Providers, Inc. is not affiliated with Health Net Health Plan of Oregon, Inc.

²Waive waiting period if group had prior dental coverage including major services. Prior proof required.



Plan Benefits ¹	Plus D50-1855-1500	Value D50-185-1500V	Preferred Plus DP50-1855-1500	Essentials D50-16-500
Annual deductible per person	\$50	\$50	\$50	\$50
Annual deductible per family	\$150	\$150	\$150	N/A
Annual plan maximum per person	\$1,500	\$1,500	\$1,500	\$500
	In-network / Out-of-network³	In-network / Out-of-network³	In-network / Out-of-network³	In-network / Out-of-network³
Diagnostic and preventive ²	100% / 100%	100% / 100%	100% / 80%	100% / 80%
Basic services	80% / 80%	80% / 80%	80% / 60%	60% / 50%
Endodontic, periodontal and oral surgery	80% / 80%	50% / 50%	80% / 60%	Not covered
Major services	50% / 50%	50% / 50%	50% / 50%	Not covered
Orthodontic services	50% / \$1,500 lifetime	Not covered	50% / \$1,500 lifetime	Not covered

¹This is only a summary of benefits. Please refer to the Contract for terms and conditions of coverage, including which services are limited or excluded from coverage.

²The deductible does not apply to diagnostic and preventive care.

³Out-of-network benefits for the Plus, Value and Preferred Plus plans are reimbursed at the Reasonable & Customary amount (R&C). R&C charges are those that are compared with similar services within the same geographic service area. R&C is the 90th percentile of Fair Health. Out-of-network benefits for the Essential plan are reimbursed at Maximum Allowable Amount (MAA). When benefits are paid according to MAA Schedule, the member is responsible for an allowable fee and the plan is responsible for the remainder of the allowable fee(s) for covered dental services.



Find providers by calling Health Net Dental Member Services' toll-free number at 1-877-410-0176. Or visit us online at www.healthnetoregon.com/member.

Vision Plans with a Clear Advantage

With a range of copay and frame/lens allowance options to choose from, you can offer your employees a vision plan that matches their lifestyle and budget.

We offer PPO vision insurance plans, which provide the convenience of a large national network, our hassle-free implementation, administrative processing, and:

- A diverse network of independent and retail providers, including LensCrafters, Pearle Vision and Target Optical.
- Low copayments.
- Employees and dependents can see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- Discounts on LASIK and PRK laser vision corrections from U.S. Laser Network.



Find providers by calling Health Net Vision Member Services' toll-free number at 1-866-392-6058. Or visit us online at www.healthnetoregon.com/member.

Benefits and coverage	Elite E1010-1	Preferred 1025-2	Preferred 1025-3
Exam with dilation as necessary	\$10 copay	\$10 copay	\$10 copay
Exam options			
Standard contact lenses	Up to \$55 copay	Up to \$55 copay	Up to \$55 copay
Premium contact lenses	10% off retail	10% off retail	10% off retail
Eyewear, lenses and frames			
Single vision	\$10 copay	\$25 copay	\$25 copay
Bifocal	\$10 copay	\$25 copay	\$25 copay
Trifocal	\$10 copay	\$25 copay	\$25 copay
Lenticular	\$10 copay	\$25 copay	\$25 copay
Standard progressive lenses	\$75 copay	\$90 copay	\$90 copay
Premium progressive lenses	\$75 copay plus 80% of charge less \$120 allowance	\$90 copay plus 80% of charge less \$120 allowance	\$90 copay plus 80% of charge less \$120 allowance
Retail allowance for any frames at provider location	\$150 plus 20% off balance over allowance	\$100 plus 20% off balance over allowance	\$100 plus 20% off balance over allowance
Lens options			
UV coating	\$15 copay	\$15 copay	\$15 copay
Tint (<i>solid and gradient</i>)	\$15 copay	\$15 copay	\$15 copay
Standard scratch-resistant	\$15 copay	\$15 copay	\$15 copay
Standard polycarbonate	\$40 copay	\$40 copay	\$40 copay
Standard anti-reflective	\$45 copay	\$45 copay	\$45 copay
Other add-ons and services	20% discount	20% discount	20% discount
Contact lenses			
Contact lenses (<i>includes materials only</i>)	\$120 allowance	\$90 allowance	\$90 allowance
Conventional	\$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
Disposables	\$0 copay, plus balance over allowance	\$0 copay, plus balance over allowance	\$0 copay, plus balance over allowance
Medically necessary	\$0 copay	\$0 copay	\$0 copay
Laser vision correction¹			
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
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 24 months
Frames	Once every 12 months	Once every 24 months	Once every 24 months

¹Insureds receive a 15 percent discount off the retail price or 5 percent off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Insureds must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

This summary presents general information only and does not include all benefits, details and exclusions. Please refer to your Certificate of Insurance for terms and conditions of coverage, including which services are limited or excluded from coverage.

Care That Won't Put You in a Pinch

Health Net has teamed up with American Specialty Health Group, Inc. (ASH Group) to offer quality, affordable coverage for acupuncture, chiropractic, therapeutic massage, and naturopathic care.

Core coverage includes a combined Alternative Care maximum benefit per calendar year. If you like, you may purchase a higher maximum benefit for your employees.

Plan ¹	Office visit (chiropractic/acupuncture) ²		Office visit (therapeutic massage)			Max/calendar year
	In-network	Out-of-network	In-network	Out-of-network	Max visits/calendar year	Maximum calendar year benefit for acupuncture
CAM 20-500 (EMBEDDED)	\$20	N/A	\$25	N/A	9	\$500
CAM 15-1000	\$15	N/A	\$25	N/A	18	\$1,000
CAM 15-1500	\$15	N/A	\$25	N/A	27	\$1,500
CAM 15-1000 Plus (includes out-of-network option)	\$15	20%	\$25	20%	18 (in- and out-of-network combined)	\$1,000 (in- and out-of-network combined)

¹Copayments and coinsurance apply to the out-of-pocket maximum. Medical services provided by naturopaths and chiropractors do not apply to the alternative care calendar year benefit limit.

²Applies to chiropractic and acupuncture. Naturopath office visit is based on medical plan.

Health Net offers a full range of alternative care options to members, provided by American Specialty Health Group, Inc. (ASH Group). With ASH Group, members can choose from a broad network of credentialed health care providers who offer alternative health care services at www.healthnetoregon.com/member. For additional assistance in locating an ASH Group provider, please contact us at 1-800-678-9133.

Value Beyond Your Benefits

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 1-888-802-7001, OPTION 2, OPTION 1.



Health Net Member Extras

Comprehensive benefits aren't enough. We want your employees to get the most from their health plans. That's why we offer programs and resources to support their health and wellness.

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.
 - Member 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.

Health Net Online and on the Go



Self-service at www.healthnetoregon.com

Healthnetoregon.com guides your employees to the information they need with intuitive navigation and useful links. Bookmark www.healthnetoregon.com for fast and easy access to benefit information, wellness programs, ID cards, and more!

It's also the place to find network doctors, hospitals and other services. ProviderSearch at Healthnetoregon.com delivers results by location, specialty or office hours. Plus, users can print or download search results.



On the go with Health Net Mobile

Keeping track of the details – even critical details like health care information – can be daunting with today's jam-packed lives. That's why we created the Health Net Mobile app.

All it takes is an iPhone, Android or other web-enabled smartphone, and Health Net members have everything they need to track their health plan details – no matter where or how busy they are.



The Active&Fit Direct Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). There is a 3-month commitment required. ASH reserves the right to modify any aspect of the Active&Fit Program (including, without limitation, the Enrollment Fee, the Monthly Fee, and/or the Introductory Period) at any time by amending these Terms and Conditions. If ASH modifies a fee or makes a material change to the Program, ASH will provide you with no less than 30 days' notice prior to the effective date of the change. ASH may discontinue the Program entirely at any time upon advance written notice.

Group Administration

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 1-888-802-7001, OPTION 2, OPTION 1.

Group Administration

This quick reference section provides tips for applications, handling group changes and using our convenient online billing and enrollment tools.

Application tips

Double-check that these items are complete to speed up processing of your application:

- Date of hire
- Date of birth
- Signatures – Employees **accepting** coverage must sign the acceptance section. Employees **declining** coverage must sign the declination section.

Handling group changes

ADDING EMPLOYEES OR DEPENDENTS

Groups can add employees at the following times:

- **New hire** (after meeting the company's probationary period) – Applications must be received within 30 days of member effective date.
Example: The probationary period is the first of the month following date of hire. An employee hired January 15 would have a February 1 effective date
- **Rehires** – If a terminated employee is rehired within 30 days, she or he and dependent(s) will be reinstated without a coverage lapse (i.e., a period where there is no coverage). If more than 30 days have elapsed between the termination and rehire dates, the employee must again fulfill your group's eligibility period as if she or he were a new hire. This will produce a coverage lapse. The eligibility period varies with each group.

- **Open Enrollment** – During the annual renewal period, groups can enroll employees and dependents who had previously declined coverage.
- **Loss of coverage** – Application requires a copy of the Prior Coverage Certificate with the enrollment form.

Outside of Open Enrollment, dependents can only be added if there is a qualifying event, which includes, but is not limited to:

- Birth
- Marriage
- Court order
- Adoption
- Loss of coverage

All applications for adding new employees and dependents due to a qualifying event must be signed by the subscriber and received by Health Net within 30 days of the event.

BILLING CONTACTS

Our Membership Accounting is available to answer any billing or eligibility questions. Here are several ways to contact our Membership Accounting Department.

Phone: 1-888-802-7001, option 5

Email:

HNOregon_Enrollment@healthnet.com

Fax: 1-855-607-0982

To pay your bill, mail payments to:

Health Net Health Plan of Oregon, Inc.
PO Box 749393
Los Angeles, CA 90074-9393

When mailing in a premium, remember to write your group number on the check and mail it by the first of the month. Please remember to send allocation directions if you have multiple medical plans and are sending

one payment. Health Net billing will need to know how to apply specific portions of the total check to the separate group numbers.

If you intend to cancel or change insurance coverages, Health Net must receive notice on or before the first of the month prior to the effective date of the replacement coverage. Failure to do so may result in continued billing and additional premiums owed.

Canceling employee/dependent coverage

WHEN SHOULD HEALTH NET BE NOTIFIED OF A CANCELLATION?

Health Net must be notified as soon as possible prior to the last day that the member is eligible for coverage, but no later than 30 days¹ after the effective date of the cancellation. Premium credit cannot be issued for more than 30 days¹ retroactively.

WHY IS TIMELY NOTIFICATION IMPORTANT?

Members who are no longer eligible, but who have not, in fact, been canceled by their employer, may incur substantial medical expenses between the time they cease to meet eligibility requirements and the time they are actually removed from the plan. According to the eligibility rules of your Health Net plan, if you notify us of a cancellation more than 30 days after what should have been the last day of coverage, Health Net will require that you pay subscription charges/premiums for the affected member up to the time that you provided us with proper notification.

¹Permitted days are subject to contract agreement.

HOW DOES CANCELLATION OF THE SUBSCRIBER'S COVERAGE AFFECT THE COVERAGE OF HIS OR HER DEPENDENTS?

When the subscriber's coverage is canceled, all covered dependents also lose eligibility and are canceled automatically.

HOW IS EMPLOYEE COVERAGE CANCELED?

The group administrator may indicate the cancellation and effective date on the Current Membership and Membership Changes pages of their monthly billing statement (membership invoice) or process the change through the Online Billing and Enrollment tool at www.healthnetoregon.com. You may also use the following methods:

Email:

HNOregon_Enrollment@healthnet.com

Fax: 1-855-607-0982

Any written request from a group or broker will be accepted.

HOW CAN A DEPENDENT'S COVERAGE BE CANCELED IF THE SUBSCRIBER CONTINUES TO BE COVERED?

Follow the same procedure as when canceling an employee; or, to cancel a dependent's coverage when the subscriber continues to be covered, you must submit the following form:

Enrollment and Change Form

The "Delete Dependent" change option should be indicated below "Reason for Change." A completed, signed and dated *Enrollment and Change Form* must be submitted for each subscriber who is canceling a dependent's coverage.

Online billing and enrollment

CONVENIENCE AND CONTROL 24/7

Health Net makes it easy for you to simplify health plan administration with Online Billing and Enrollment, our free, user-friendly web portal for enrolled employer groups. Visit our website at www.healthnetoregon.com.

With Online Billing and Enrollment, groups can:

- Make an online payment (checking/savings accounts).
- Set up a one-time payment date for an automatic payment.
- Set up recurring monthly payments.
- View and print billing statements.
- Retain up to 24 months of billing and payment history for easy access.
- Track and update eligibility.
- View, add and update enrollment information anytime.
- Utilize convenient reporting features.
 - The Canceled Member Roster lists all canceled employees and their dependents, the plans they were enrolled in and the effective dates.
 - The Active Member Roster lists all active employees and their dependents, the plans they're enrolled in and effective dates.
 - The Enrollment Request Report lists all the daily transactions the group administrator has processed online.

All reports can be easily downloaded via PDF or CSV formats.

Online Billing and Enrollment is fully integrated to work with the rest of Health Net's systems, so the updates that you make will always be reflected online.

Important!



Recurring bill payment – There is a possibility that the recurring payment date will be automatically deleted during the annual renewal period. If this happens, the system will email the user. Also, be sure to retrieve any invoices needed for auditing or tax reporting purposes prior to renewal.

1. Log in to your employer account at www.healthnetoregon.com.

2. Your recurring payment date must be reestablished. If your bill is already online, you will need to make a one-time manual payment, then reestablish your recurring payment date. A recurring payment will schedule and draft your next bill that is due to cycle. If you elect not to reestablish a recurring payment date, you can simply make an online manual payment or mail a check for your premium. Making payments by the due date keeps your account current and out of risk for termination because of nonpayment. (Note: The payment grace period ends on the last business day of the month in which payment is due.)

Nondiscrimination Notice

Health Net Health Plan of Oregon, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

HEALTH NET

- **Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).**
- **Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.**

If you need these services, contact Health Net's Customer Contact Center at 1-888-802-7001 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call 1-888-802-7001 (TTY: 711).

Amharic

ለቋንቋ አገልግሎት ምንም ከፍተኛ የለውም። አስተርጓሚ ማግኘት ይቻላል። የተነበበለዎትን እና የተወሰኑ በቋንቋዎ የተላኩልዎትን ሰነዶች መግኘት ይቻላል። ለእርዳታ፣ ለደንበኞች ግንኙነት ማስከል በመታወቂያ ካርድዎ ላይ ያለውን ቁጥር ይደውሉ ወይም በ 1-888-802-7001 (TTY: 711) ይደውሉ።

Arabic

الخدمات اللغوية المجانية. يمكنك الاستعانة بمتحدث فوري، كما يمكنك طلب قراءة المستندات عليك وإرسال بعض منها إليك بلغتك. للحصول على المساعدة، يمكنك الاتصال بمركز اتصالات العملاء على الرقم الموجود على بطاقة معرف العضوية الخاصة بك أو الاتصال على 1-888-802-7001 (TTY: 711).

Chinese

免費語言服務。您可以取得口譯服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。如需協助，請撥打會員卡上的電話號碼聯絡客戶聯絡中心，或撥打電話 1-888-802-7001 (聽障專線 (TTY) : 711)。

Cushite (Oromo)

Tajaajila afaaniif kaffaltii hin qabu. Turjubaana argachuu ni dandeessu. Sanadii isiniif dubbifamee fi afaan keessaniin muraasaan isniif ergame argachuu ni dandeessu. Gargaarsaaf, Wiirtuu Qunnamtii Maamilaa tiif lakkoofsicha kaardii enyummaa keessan irra jirutti bilbilaa ykn 1-888-802-7001 (TTY: 711) itti bilbilaa.

German

Es stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Sie können einen Dolmetscher hinzuziehen. Die Dokumente können Ihnen vorgelesen werden und einige sind in Ihrer Muttersprache erhältlich. Für Unterstützung rufen Sie bitte unser Kundendienstzentrum unter der auf Ihrer Versicherungskarte angegebenen Nummer oder unter der Rufnummer 1-888-802-7001 (TTY: 711) an.

Japanese

無料の言語支援サービス。通訳をご利用いただけます。日本語で文書を読み上げたり、文書によっては日本語版をお届けすることも可能です。支援をご希望の方は、IDカードに記載の番号にてカスタマーコンタクトセンターまでお電話いただくか、1-888-802-7001 (TTY: 711)までお電話ください。

Korean

무료 언어 서비스. 귀하는 통역사를 이용하실 수 있습니다. 귀하에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 받으시려면 본인의 ID 카드에 기재된 고객 서비스 센터 안내번호 또는 1-888-802-7001 (TTY: 711)번으로 전화해 주십시오.

Cambodian (Khmer)

សេវាភាសាភីឡឺត្យូ ឥតគិតថ្លៃ។ អ្នកអាចទទួលបានសេវាបកប្រែឬសេវាអានឱ្យគេស្តាប់បាន។ អ្នកអាចស្នើសុំឱ្យគេអានឯកសារជូនអ្នក និងផ្ញើឯកសារខ្លះជូនអ្នក ជាភាសាសំអ្នក។ សំរាប់ជំនួយ ទូរស័ព្ទទៅមជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជន តាមលេខនៅលើប័ណ្ណ ID សំអ្នក ឬលេខ 1-888-802-7001 (TTY: 711)។

Laotian

ການບໍລິການດ້ານພາສາທີ່ບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍບາຍແປພາສາ. ທ່ານສາມາດອ່ານເອກະສານ ແລະ ຈໍານວນໜຶ່ງໄດ້ສົ່ງໃຫ້ທ່ານເປັນພາສາຂອງທ່ານແລ້ວ. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ທ່ານສູນຕິດຕໍ່ລູກຄ້າໄດ້ທີ່ເລກໝາຍຜູ້ເທື່ອບັດ ID ຂອງທ່ານ ຫຼື ໂທ 1-888-802-7001 (TTY: 711).

Punjabi

ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਲਈ ਕੋਈ ਲਾਗਤ ਨਹੀਂ। ਤੁਸੀਂ ਦੁਬਾਜ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਦਸਤਾਵੇਜ਼ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ID ਕਾਰਡ 'ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-802-7001 (TTY: 711)।

Russian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть документы на русском языке и выслать переводы некоторых из них. Если вам требуется помощь, звоните в Центр обслуживания клиентов по номеру, указанному на вашей идентификационной карте, или по номеру 1-888-802-7001 (линия TTY: 711).

Spanish

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llame al Centro de Comunicación con el Cliente al número que se encuentra en su tarjeta de identificación o llame al 1-888-802-7001 (TTY: 711).

Tagalog

Mga Walang Bayad na Serbisyo sa Wika. Maaari kayong kumuha ng tagasaling-wika (interpreter). Maaaring basahin sa inyo ang mga dokumento at ipadala sa inyo ang ilan nang nakasalin sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numero sa inyong ID card o tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian

Безкоштовні послуги перекладу. Ви можете скористатися послугами перекладача. Вам можуть прочитати документи на українській мові та надіслати переклади деяких із них. Якщо вам потрібна допомога, телефонуйте у Центр обслуговування клієнтів за номером, вказаним на вашій ідентифікаційній карті, або за номером 1-888-802-7001 (лінія TTY: 711).

Vietnamese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể yêu cầu phiên dịch viên. Quý vị có thể yêu cầu đọc các tài liệu và gửi một số tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi đến Trung tâm Liên lạc Hội viên theo số điện thoại trên thẻ nhận dạng của quý vị hoặc gọi đến số 1-888-802-7001 (TTY: 711).



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