

Large Business Group 2022 Plan Portfolio

YOUR GUIDE TO PLANS FOR 51+ EMPLOYEES



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Smart, Sustainable Solutions

When it comes to health care, experience matters, and for 80+ years, Health Net has been making quality health care easier to get and more affordable. We're your source for Large Group products with 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.



Putting the power of Centene® to work for you

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

- #24 on the 2021 Fortune 500 list.
- Total assets of approximately \$71.5 billion as of June 30, 2021.
- 2021 expected revenue of \$123.3 - \$125.3 billion.
- \$27.2 billion in cash and investments.



2022 Highlights and Updates

Our new and simplified **2022 portfolio offerings** equip you with choices to satisfy your clients – and help keep your business growing!



What's new	Details	Products/Networks
New plans	<ul style="list-style-type: none"> • Advantage PPO A10-0-2-4000 • CommunityCare 1T CC1T10-0-2-4500DX • CommunityCare 1T CC1T10-750-2-5500DX • CommunityCare 1T CC1T15-1000-3-5500ES • CommunityCare 1T CC1T25-3000-3-7350ES 	Statewide PPO CommunityCare
Alternative Care	<p>New for 2022: Acupuncture has a visit limit in lieu of a dollar maximum.</p> <p>Base (formerly CAM 15 -1000)</p> <ul style="list-style-type: none"> • Acupuncture is limited to 24 visits. <p>Buy-Up 1 w/ OON (formerly CAM 15-1000 Plus)</p> <ul style="list-style-type: none"> • Acupuncture is limited to 24 visits. <p>Buy-Up 2 (formerly CAM 15-1500)</p> <ul style="list-style-type: none"> • Acupuncture is limited to 36 visits. <p>Buy-Up 3 w/ OON (formerly CAM 15-1500 Plus)</p> <ul style="list-style-type: none"> • Acupuncture is limited to 36 visits. 	All products/networks

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 2022 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 healthnetoregon.com/broker > *Forms & Brochures* > *Large Business Groups*.




2022

 Plan name	Member(s) In-Network responsibility									
	Deductible ¹ (single / family)	Out-of-pocket maximum ² (single / family)	Office / specialist visit	Coinsurance ³ (in-network / out-of-network)	Lab / x-ray	CT / MRI / PET / SPEC	Inpatient hospital	Outpatient surgery (ASC / hospital)	Emergency room (copay waived if admitted)	Urgent care
Advantage LX PPO										
LX20-500-2-4000	\$500 / \$1,000	\$4,000 / \$8,000	\$20 / \$40	20% / 40%	\$20	20% ⁴	20%	20% / 10%	\$250 + 20%	\$50
LX25-1000-2-5000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25 / \$50	20% / 40%	\$20	20% ⁴	20%	20% / 10%	\$250 + 20%	\$50
Advantage PPO										
A10-0-2-4000	\$0 / \$0	\$4,000 / \$8,000	\$10 / \$20	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
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
A20-1000-2-5000	\$1,000 / \$2,000	\$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
A30-1500-2-6600	\$1,500 / \$3,000	\$6,600 / \$13,200	\$30 / \$60	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A20-2000-2-6600	\$2,000 / \$4,000	\$6,600 / \$13,200	\$20 / \$40	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A30-2500-3-6600	\$2,500 / \$5,000	\$6,600 / \$13,200	\$30 / \$60	30% / 50%	\$20	30%	30%	30% / 20%	\$250 + 30%	\$50
A30-3000-2-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$30 / \$60	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A35-3000-3-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$35 / \$70	30% / 50%	\$20	30%	30%	30% / 20%	\$250 + 30%	\$50
A35-5000-2-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A35-5000-3-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$70	30% / 50%	\$20	30%	30%	30% / 20%	\$250 + 30%	\$50
Value PPO										
V20-500-2-4000	\$500 / \$1,000	\$4,000 / \$8,000	\$20 / \$40	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
V25-1000-2-5000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25 / \$50	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
V30-2000-2-6000	\$2,000 / \$4,000	\$6,000 / \$12,000	\$30 / \$60	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
V35-4000-2-7350	\$4,000 / \$8,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
V35-5000-2-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
V40-6000-2-8150	\$6,000 / \$12,000	\$8,150 / \$16,300	\$40 / \$80	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
Essentials PPO										
E25-1000-2-5000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25 / \$50	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E30-2000-2-6600	\$2,000 / \$4,000	\$6,600 / \$13,200	\$30 / \$60	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E35-3000-2-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E50-3000-5-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$50 / \$100	50% / 50%	50%	50%	50%	50% / 40%	50%	\$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
E50-5000-5-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$50 / \$100	50% / 50%	50%	50%	50%	50% / 40%	50%	\$50
E35-6000-2-7350	\$6,000 / \$12,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E50-6000-5-8150	\$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


(continued)

2022


 Plan name	Member(s) In-Network responsibility									
	Deductible ¹ (single / family)	Out-of-pocket maximum ² (single / family)	Office / specialist visit	Coinsurance ³ (in-network / out-of-network)	Lab / x-ray	CT / MRI / PET / SPEC	Inpatient hospital	Outpatient surgery (ASC / hospital)	Emergency room (copay waived if admitted)	Urgent care
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										
CC1T10-0-2-4500DX	\$0 / \$0	\$4,500 / \$9,000	\$10 / \$50	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC1T10-500-2-4500DX	\$500 / \$1,000	\$4,500 / \$9,000	\$10 / \$50	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC1T10-750-2-5500DX	\$750 / \$1,500	\$5,500 / \$11,000	\$10 / \$50	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC1T15-1000-2-5500DX	\$1,000 / \$2,000	\$5,500 / \$11,000	\$15 / \$55	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$55
CC1T15-1000-3-5500ES	\$1,000 / \$2,000	\$5,500 / \$11,000	\$15 / \$55	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$55
CC1T10-1500-2-5500DX	\$1,500 / \$3,000	\$5,500 / \$11,000	\$10 / \$50	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC1T20-2000-2-6000DX	\$2,000 / \$4,000	\$6,000 / \$12,000	\$20 / \$60	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$60
CC1T20-2000-3-6000ES	\$2,000 / \$4,000	\$6,000 / \$12,000	\$20 / \$60	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$60
CC1T25-3000-2-7350DX	\$3,000 / \$6,000	\$7,350 / \$14,700	\$25 / \$65	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$65
CC1T25-3000-3-7350ES	\$3,000 / \$6,000	\$7,350 / \$14,700	\$25 / \$65	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$65
CC1T35-3000-3-7350ES	\$3,000 / \$6,000	\$7,350 / \$14,700	\$35 / \$75	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$75
CC1T35-5000-3-7350ES	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$75	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$75
CC1T50-5000-3-7350ES	\$5,000 / \$10,000	\$7,350 / \$14,700	\$50 / \$100	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$100
CC1T50-7000-3-8150ES	\$7,000 / \$14,000	\$8,150 / \$16,300	\$50 / \$100	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$100
CommunityCare 3T										
CC3T10-0-2-4500DX	\$0 / \$0	\$4,500 / \$9,000	\$10 / \$50	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC3T10-500-2-4500DX	\$500 / \$1,000	\$4,500 / \$9,000	\$10 / \$50	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC3T10-750-2-5500DX	\$750 / \$1,500	\$5,500 / \$11,000	\$10 / \$50	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC3T15-1000-2-5500DX	\$1,000 / \$2,000	\$5,500 / \$11,000	\$15 / \$55	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$55
CC3T15-1000-3-5500ES	\$1,000 / \$2,000	\$5,500 / \$11,000	\$15 / \$55	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$55
CC3T10-1500-2-5500DX	\$1,500 / \$3,000	\$5,500 / \$11,000	\$10 / \$50	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$50
CC3T20-2000-2-6000DX	\$2,000 / \$4,000	\$6,000 / \$12,000	\$20 / \$60	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$60
CC3T20-2000-3-6000ES	\$2,000 / \$4,000	\$6,000 / \$12,000	\$20 / \$60	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$60
CC3T25-3000-2-7350DX	\$3,000 / \$6,000	\$7,350 / \$14,700	\$25 / \$65	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$65
CC3T25-3000-3-7350ES	\$3,000 / \$6,000	\$7,350 / \$14,700	\$25 / \$65	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$65
CC3T35-3000-3-7350ES	\$3,000 / \$6,000	\$7,350 / \$14,700	\$35 / \$75	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$75
CC3T35-5000-3-7350ES	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$75	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$75
CC3T50-5000-3-7350ES	\$5,000 / \$10,000	\$7,350 / \$14,700	\$50 / \$100	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$100
CC3T50-7000-3-8150ES	\$7,000 / \$14,000	\$8,150 / \$16,300	\$50 / \$100	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$100

(continued)


2022

 Plan name	Member(s) In-Network responsibility									
	Deductible ¹ (single / family)	Out-of-pocket maximum ² (single / family)	Office / specialist visit	Coinsurance ³ (in-network / out-of-network)	Lab / x-ray	CT / MRI / PET / SPEC	Inpatient hospital	Outpatient surgery (ASC / hospital)	Emergency room (copay waived if admitted)	Urgent care
CommunityCare 1T HDHP5										
CC1T25-3000-2-6600-HD80	\$3,000 / \$6,000	\$6,600 / \$13,200	\$25 / \$65	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$65
CC1T35-3000-3-6750-HD70	\$3,000 / \$6,000	\$6,750 / \$13,500	\$35 / \$75	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$75
CC1T35-5000-2-6600-HD80	\$5,000 / \$10,000	\$6,600 / \$13,200	\$35 / \$75	20% / NA	20%	20%	20%	20% / 10%	\$250 + 20%	\$75
CC1T35-5000-3-6600-HD70	\$5,000 / \$10,000	\$6,600 / \$13,200	\$35 / \$75	30% / NA	30%	30%	30%	30% / 20%	\$250 + 30%	\$75
CommunityCare 3T HDHP5										
CC3T25-3000-2-6600-HD80	\$3,000 / \$6,000	\$6,600 / \$13,200	\$25 / \$65	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$65
CC3T25-3000-3-6600-HD70	\$3,000 / \$6,000	\$6,600 / \$13,200	\$25 / \$65	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$65
CC3T35-5000-2-6600-HD80	\$5,000 / \$10,000	\$6,600 / \$13,200	\$35 / \$75	20% / 40%	20%	20%	20%	20% / 10%	\$250 + 20%	\$75
CC3T35-5000-3-6600-HD70	\$5,000 / \$10,000	\$6,600 / \$13,200	\$35 / \$75	30% / 50%	30%	30%	30%	30% / 20%	\$250 + 30%	\$75
PPO HDHP5										
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%

Alternative Care plans

 Alternative Care ⁶	Member pays			
	Chiropractic office visit (visit are unlimited)	Acupuncture office visit (visit limits apply)	Massage Therapy office visit (visit limits apply)	Out-of-network
Base	\$15	\$15 (24 visits)	\$25 (18 visits)	Not covered
Buy-Up 1 w/OON	\$15	\$15 (24 visits)	\$25 (18 visits)	20%
Buy-Up 2	\$15	\$15 (36 visits)	\$25 (27 visits)	Not covered
Buy-Up 3 w/OON	\$15	\$15 (36 visits)	\$25 (27 visits)	20%


Vision plans

 Vision	Member pays			
	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 / \$90	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	Not covered	\$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


(continued)

2022

Dental plans

Dental 	Member pays					
	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% / Not covered	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 D50-185-1000	\$50	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D50-185-1500	\$50	\$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D50-1855-1500	\$50	\$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Plus D50-185- 2000	\$50	\$2,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D50-1855- 2000	\$50	\$2,000	0% / 20% / 50% / 50%	0%	0%	0%
Plus D100-185-1000	\$100	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D100-1855-1000	\$100	\$1,000	0% / 20% / 50% / 50%	0%	0%	0%
Plus D100-185-1500	\$100	\$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D100-185-2000	\$100	\$2,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D100-1855-2000	\$100	\$2,000	0% / 20% / 50% / 50%	0%	0%	0%
Preferred Plus DP50-1855-1500	\$50	\$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Value D50-185-1500V	\$50	\$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Value D100-185-1000V	\$100	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Preferred Value DP100-185-1000V	\$100	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Essential D50-16-500	\$50	\$500	0% / 40% / Not covered / Not covered	0%	0%	0%
Fifty D100-555-1000V	\$100	\$1,000	50% / 50% / 50% / Not covered	0%	0%	0%

Pharmacy plans⁸

Pharmacy 	Member pays				
	Tier 1	Tier 2	Tier 3	Deductible	Specialty drug
No MAC					
NMSL5-10-25	\$5	\$10	\$25	No	20% up to \$250
NMSL10-20-40	\$10	\$20	\$40	No	20% up to \$250
NMSL10-35-60	\$10	\$35	\$60	No	20% up to \$250
NMSL10-50-75	\$10	\$50	\$75	No	20% up to \$250
NMSL15-30-50	\$15	\$30	\$50	No	20% up to \$250
NMSL15-40-65	\$15	\$40	\$65	No	20% up to \$250
NMSL15-30%-50%	\$15	30%	50%	No	50%
No MAC Deductible plans (deductible waived on Tier 1)					
NMSL10-35-60-100D	\$10	\$35	\$60	\$100	20% up to \$250
NMSL10-35-60-250D	\$10	\$35	\$60	\$250	20% up to \$250
MAC A					
MASL10-10-DR	\$10	\$10	Member pays 100% at HN discounted rate	No	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	No	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	No	20% up to \$250
MASL25-50%-DR	\$25	50%	Member pays 100% at HN discounted rate	No	50%
CommunityCare and PPO HDHP Rx⁵ (No MAC)					
HD70	30%	30%	30%	Yes	30%
HD80	20%	20%	20%	Yes	20%
HD100	0%	0%	0%	Yes	0%

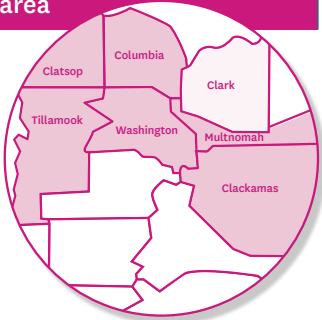
(continued)

2022

- 1 The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.
- 2 The annual out-of-pocket maximum includes the annual deductible, copayments and coinsurance. After the out-of-pocket maximum is reached in a calendar year, we will pay the covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of the maximum allowable amount (MAA) for out-of-network (OON) services. Members are still responsible for OON-billed charges that exceed MAA.
- 3 Coinsurance is subject to the annual deductible.
- 4 Deductible is waived.
- 5 All benefits including office visit copay, pharmacy, and alternative care are after deductible.
- 6 All copayments accumulate to the medical out-of-pocket maximum.
- 7 In- and out-of-network visits combined.
- 8 Prescription drug tiers are Tier 1: Generic; Tier 2: Brand Preferred; Tier 3: Non-Preferred; SP: Specialty. Retail pharmacy – members may receive a 90-day fill at a retail pharmacy; one copayment coinsurance applies per 30-day supply. Tier 1, 2 or 3 prescription drugs may apply. Deductible waived unless otherwise noted. Essential Rx Drug List – A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Rx Drug List (EDL). Log in as a Health Net member at www.healthnetoregon.com to view Oregon Essential RX Drug List.

CommunityCare coverage area

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



Enhanced Choice participation guidelines



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 Packages

WE INVITE YOU TO BE CHOOSY!

With Enhanced Choice, your clients have the option to offer multiple plans to their employees. They 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:

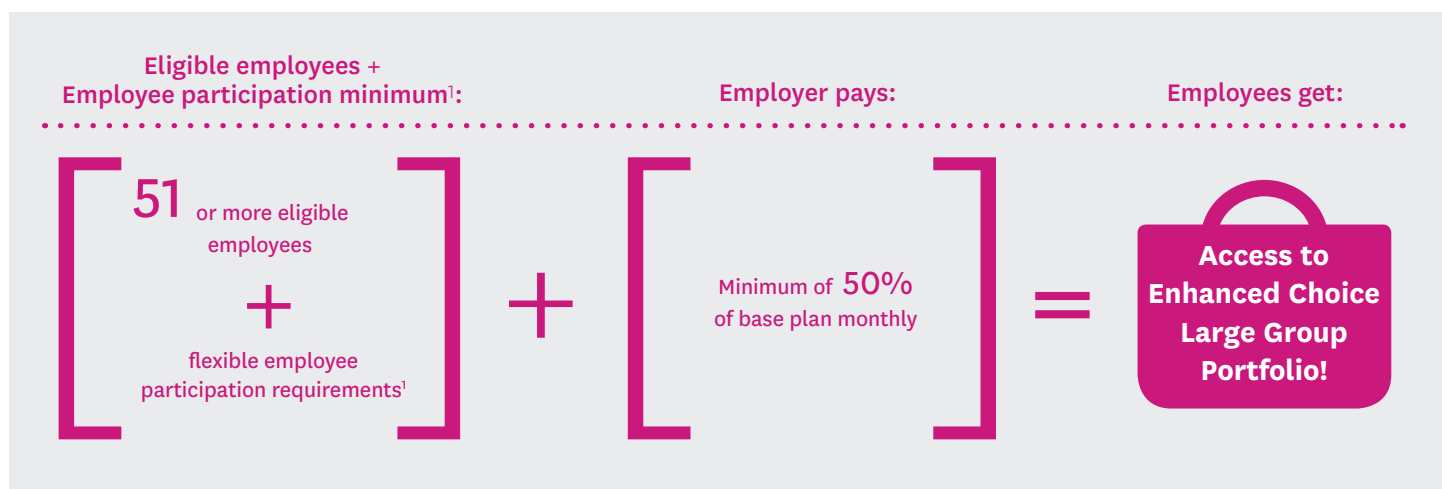
- A competitive, **defined contribution** arrangement for financial flexibility.
- The ability to provide our CommunityCare **tailored network** plans alongside the defined contribution arrangement, making them even more affordable and competitive!
- **Broad employee choice** - offering employees the potential to choose from a variety of plan options that you select.
- The ability to tie your contribution rate to the lowest-priced plan option.
- Less administrative burden and low-cost plan choices.



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



¹Refer 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
		
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, OHSU, 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.</p> <p>Option 1: Health Net CommunityCare 1T. Featuring a single-tier benefit structure and access to the select Health Net CommunityCare Network, making these plans our most affordable plan designs. 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 and CommunityCare	<p>Our low-premium, high-deductible PPO and CommunityCare 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 and Tailored Network CommunityCare

Find Health Net's dental and vision providers by visiting:

Health Net Vision:
eyemedvisioncare.com

Health Net Dental:
yourdentalplan.com/healthnet

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 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: For dependents age newborn through 19, Pediatric Vision coverage is automatically included with all medical plans. Pediatric Dental coverage is offered with all medical plans, with the exception of the Oregon State Standard PPO 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.



Identify 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 clients' employees with the care they need. We want them to use their benefits!

That's why we do 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.
- **The Active&Fit Direct™ program** allows members to stay active at the gym or at home with flexible fitness options starting at just \$25 a month¹.
- **Disease management** for people living with ongoing health challenges like diabetes, asthma, COPD, heart disease, and heart failure.
- **myStrength** online and mobile app program to help members manage stress, anxiety, pain and more. To access the program, log on to mystrength.com/hnwell.
- **Wellness health coaching** is one-on-one phone support to help members reach their health goals and develop a healthy mindset and habits. Wellness coaches can help your clients' employees lose weight, eat healthier, quit smoking, manage stress or begin an exercise program. Coaches will help members reassess and stay on track with their goals – making it easier to achieve lasting, positive changes to their health.

Questions? We're here with answers.



Call your Health Net Account Executive.



Visit us online at 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 about broker commissions and contracting, brokers can contact:

Broker Relations: 1-888-802-7001, option 4

Email: orbrokerrelations@healthnet.com

View and download broker sales materials:

Go to healthnetoregon.com/broker > *Forms & Brochures* > *Large Group Plans*

healthnetoregon.com

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.

¹Fees will vary based on fitness center selection. There is a 2-month commitment required. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct is a trademark of ASH and used with permission herein. Not all services may be available in all areas and the program may be changed (including monthly and enrollment fees and/or the introductory period) or discontinued at anytime.

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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