Oregon Small Group Portfolio[1]

health net

2022

Plan name	Deductible[2] (single/ family)	Out-of-pocket maximum[3] (single / family)	Office visit / specialist visit	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											
Platinum **P10-250-1-4000LX**	$250 / $500	$4,000 / $8,000	$10 / $20	10% / 50%	$10	10%[5]	10%	5% / 10%	$250 + 10%	$50	$10 / $30 / $90 / 50%
Platinum **P10-500-2-4000LX**	$500 / $1,000	$4,000 / $8,000	$10 / $20	20% / 50%	$10	20%[5]	20%	10% / 20%	$250 + 20%	$50	$10 / $30 / $90 / 50%
Platinum **P10-750-2-4000LX**	$750 / $1,500	$4,000 / $8,000	$10 / $20	20% / 50%	$10	20%[5]	20%	10% / 20%	$250 + 20%	$50	$10 / $30 / $90 / 50%
Gold **P50-0-5-5000**	$0 / $0	$5,000 / $10,000	50% / 50%	50% / 50%	50%	50%	50%	40% / 50%	50%	50%	$15 / $45 / $90 / 50%
Gold **P0-1500-4-7900DX**	$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%
Gold **P0-3500-4-7900DX**	$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%
Gold **P20-500-3-7900DX**	$500 / $1,000	$7,900 / $15,800	$20 / $40	30% / 50%	$20	30%	30%	20% / 30%	$250 + 30%	$50	$15 / $45 / $90 / 50%
Gold **P20-1000-2-7900DX**	$1,000 / $2,000	$7,900 / $15,800	$20 / $40	20% / 50%	$20	20%	20%	10% / 20%	$250 + 20%	$50	$15 / $45 / $90 / 50%
Gold **P30-1500-2-7900DX**	$1,500 / $3,000	$7,900 / $15,800	$30 / $60	20% / 50%	$20	20%	20%	10% / 20%	$250 + 20%	$50	$15 / $45 / $90 / 50%
Gold **P20-2000-2-7900DX**	$2,000 / $4,000	$7,900 / $15,800	$20 / $40	20% / 50%	$20	20%	20%	10% / 20%	$250 + 20%	$50	$20 / $45 / $90 / 50%
Gold **P20-2500-3-7900DX**	$2,500 / $5,000	$7,900 / $15,800	$20 / $40	30% / 50%	$20	30%	30%	20% / 30%	$250 + 30%	$50	$20 / $45 / $90 / 50%
Gold **P30-3500-3-7900DX**	$3,500 / $7,000	$7,900 / $15,800	$30 / $60	30% / 50%	$20	30%	30%	20% / 30%	$250 + 30%	$50	$20 / $45 / $90 / 50%
Silver **P40-3000-3-8150ES**	$3,000 / $6,000	$8,150 / $16,300	$40 / $80	30% / 50%	30%	30%	30%	20% / 30%	30%	$80	$25 / $50 / 50% / 50%
Silver **P45-3500-5-8150ES**	$3,500 / $7,000	$8,150 / $16,300	$45 / $90	50% / 50%	50%	50%	50%	40% / 50%	50%	$90	$25 / $50 / 50% / 50%
Silver **P40-4000-3-8150ES**	$4,000 / $8,000	$8,150 / $16,300	$40 / $80	30% / 50%	30%	30%	30%	20% / 30%	30%	$80	$25 / $50 / 50% / 50%
Silver **P20-5000-5-8150DX**	$5,000 / $10,000	$8,150 / $16,300	$20 / $50	50% / 50%	$20	50%	50%	40% / 50%	50%	$50	$350 deductible $155 / $50 / 50% / 50%
Silver **P45-5000-5-8150ES**	$5,000 / $10,000	$8,150 / $16,300	$45 / $90	50% / 50%	50%	50%	50%	40% / 50%	50%	$90	$25 / $50 / 50% / 50%
Bronze **P8250-0-8250ES**	$8,250 / $16,500	$8,250 / $16,500	0% / 0%	0% / 50%	0%	0%	0%	0% / 0%	0%	0%	Integrated medical deductible 0%[6] / 0%[6] / 0%[6] / 0%[6]
High Deductible PPO (HSA qualified plans) all benefits subject to deductibles[8]											
Silver **HD2800-2-5500ES**	$2,800 / $5,600	$5,500 / $11,000	20% / 20%	20% / 50%	20%	20%	20%	10% / 20%	20%	20%	20% / 20% / 20% / 50%
Silver **HD3000-3-6750ES**	$3,000 / $6,000	$6,750 / $13,500	30% / 30%	30% / 50%	30%	30%	30%	20% / 30%	30%	30%	30% / 30% / 30% / 50%
Silver **HD4000-3-6750ES**	$4,000 / $8,000	$6,750 / $13,500	30% / 30%	30% / 50%	30%	30%	30%	20% / 30%	30%	30%	30% / 30% / 30% / 50%
Bronze **HD6900-0-6900ES**	$6,900 / $13,800	$6,900 / $13,800	0% / 0%	0% / 50%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0%

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Plan name	Deductible[2] (single/ family)	Out-of-pocket maximum[3] (single / family)	Office visit / specialist visit	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]
Oregon State Standard PPO											
Gold Standard Plan	$1,500 / $3,000	$7,300 / $14,600	$20 / $40	20% / 50%	20%	20%	20%	20% / 20%	20%	$60	$10 / $30 / 50% / 50% *(SP: $500 per script cap)*
Silver Standard Plan	$3,650 / $7,300	$8,550 / $17,100	$40 / $80	30% / 50%	30%	30%	30%	30% / 30%	30%	$70	$15 / $60 / 50% / 50%
Bronze Standard Plan	$8,700 / $17,400	$8,700 / $17,400	$50 / $100	0% / 50%	0%	0%	0%	0% / 0%	0%	$100	Integrated medical deductible $20[5] / 0%[6] / 0%[6] / 0%[6]
CommunityCare 1T											
Platinum **CC1T15-500-1-3000DX**	$500 / $1,000	$3,000 / $6,000	$15 / $45	10% / Not covered	$15	10%	10%	5% / 10%	$250 + 10%	$45	$10 / $30 / $90 / 50%
Platinum **CC1T20-750-2-3000DX**	$750 / $1,500	$3,000 / $6,000	$20 / $50	20% / Not covered	$20	20%	20%	10% / 20%	$250 + 20%	$50	$10 / $30 / $90 / 50%
Gold **CC1T25-1000-2-7900DX**	$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%
Gold **CC1T25-2000-2-7900DX**	$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%
Gold **CC1T25-3500-2-7900DX**	$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%
Silver **CC1T40-3000-5-8150ES**	$3,000 / $6,000	$8,150 / $16,300	$40 / $80	30% / Not covered	30%	30%	30%	20% / 30%	30%	$80	$25 / $50 / 50% / 50%
Silver **CC1T40-4500-3-8150ES**	$4,500 / $9,000	$8,150 / $16,300	$40 / $80	30% / Not covered	30%	30%	30%	20% / 30%	30%	$80	$25 / $50 / 50% / 50%

Alternative Care plans

Alternative care[9, 10]	Member pays			
	Chiropractic office visit (no visit limits)	Acupuncture office visit (visit limits apply)	Massage Therapy office visit (visit limits apply)	Out-of-network
Base	$20	$20 (12 visits)	$25 (9 visits)	Not covered
Buy-Up 1	$15	$15 (24 visits)	$25 (18 visits)	Not covered
Buy-Up 2	$15	$15 (36 visits)	$25 (27 visits)	Not covered
Buy-Up 3 w/OON	$15	$15 (24 visits)	$25 (18 visits)	20%[11]

Dental plans

Dental[12]	Member pays					
	Deductible (single / family)	Calendar year maximum	Coinsurance (preventive & diagnostics / basic / major / ortho)	Cleanings	Exams	X-rays
Plus D50-1855-1500	$50 / $150	$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Preferred Plus DP50-1855-1500	$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%
Essential D50-16-500	$50	$500	0% / 40% / Not covered / Not covered	0%	0%	0%

Vision plans

Vision[12]	Member pays			
	Exam	Frame allowance	Lenses (single / bifocal / trifocal / progressive)	Frequency (months) (examination / lenses or contact lenses / frames)
Elite 1010-1	$10	$150	$10 / $10 / $10 / $75	12 / 12 / 12
Preferred 1025-2	$10	$100	$25 / $25 / $25 / $90	12 / 12 / 24
Preferred 1025-3	$10	$100	$25 / $25 / $25 / $90	12 / 24 / 24

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2022

[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 on the Oregon State 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 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.

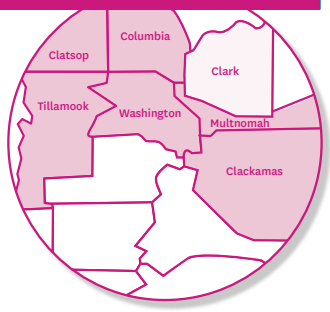
[10] Only chiropractic and acupuncture benefits available on Oregon State Standard Plans.

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

[12] Not available for purchase alongside the Oregon State Standard Plans.

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 Clark County, WA.



Participation guidelines

1–5 eligible employees + **66%** minimum employee participation

6–50 eligible employees + **50%** minimum employee participation

+ Employer pays minimum of 50% of base plan = **Access to Health Net's** Enhanced Choice portfolio

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