

Small Business Group 2022 Plan Portfolio

YOUR GUIDE TO PLANS FOR 1-50 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 Small Group products with rich benefit plans without the big price tag.

Product portfolio

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

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



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.



Online Quoting Tools

THREE ONLINE QUOTING TOOLS AVAILABLE TO ASSIST YOU IN OBTAINING A HEALTH NET SMALL GROUP QUOTE

Sales Web Portal

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

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

Access the Sales Web Portal by visiting the Broker News & Resources. From this webpage, you can watch the Sales Web Portal mini movie and tour, plus handy how-to videos that walk you through the key areas of Sales Web Portal. You can watch a quote setup, and learn how to complete a census and generate proposals.

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

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

The Sales Web Portal is designed to make it faster and easier to do what you do best – sell optimal health plan solutions that meet your clients' needs.



Access full product portfolios for quotes via the Sales Web Portal.

Wired Quote & Wired Enroll

Wired Quote is an online, easy-to-use Small Group quoting tool. Enter or upload your census in Wired Quote and instantly receive quotes. To obtain a quote, visit wiredquote.com and log in. If you do not have a login, reach out to Wired Quote at sales@wiredquote.com. We have also partnered with Wired Quote to offer you Wired Enroll, which allows you to convert your quote into a sold group and submit your new group paperwork to us electronically.

QuoteRain

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

Simplifying Renewals for You

SPEED UP RENEWALS AND BE YOUR CLIENTS' SUPERHERO.

Renewal checklist

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

Double check:

 - Is the form accurate and complete?
 - Has the employer signed the form?
 - Have you sent enrollment forms for any new employee or dependent additions to Health Net for processing?
- ✓ **Submit all changes and paperwork** by the 20th of the month (i.e., six weeks before the renewal month) to ensure timely, accurate processing and billing. Enrollment forms can be emailed to hnoregon_enrollment@healthnet.com or submitted online via the Employer portal.

Key dates

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

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

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

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!



Plan name	2021	2022
PPO		
For all PPO plans, the out-of-network out-of-pocket maximum is now 2 times the in-network value.		Refer to page 9 and 10 for plan specific changes.
CommunityCare		
The CommunityCare 3T plans have been discontinued for Small group. The CommunityCare 1T plans are still available and some of our lowest cost options.		Refer to page 10 for plan details.
Health Net Oregon Standard Gold Plan		
• Chiropractic	Not covered	\$20
• Acupuncture	Not covered	\$20
Health Net Oregon Standard Silver Plan		
• Chiropractic	Not covered	\$40
• Acupuncture	Not covered	\$40
Health Net Oregon Standard Bronze Plan		
• Deductible	\$8,550 single / \$17,100 family	\$8,700 single / \$17,400 family
• Out-of-pocket max	\$8,550 single / \$17,100 family	\$8,700 single / \$17,400 family
• Chiropractic	Not covered	\$50
• Acupuncture	Not covered	\$50
Alternative Care		
NEW for 2022: Acupuncture has a visit limit in lieu of a dollar maximum.		
Base (formerly CAM 20-500)		
• Acupuncture	\$500 maximum	12 visits
Buy-Up 1 (formerly CAM 15-1000)		
• Acupuncture	\$1,000 maximum	24 visits
Buy-Up 2 (formerly CAM 15-1500)		
• Acupuncture	\$1,500 maximum	36 visits
Buy-Up 3 w/OON (formerly CAM 15-1000 Plus)		
• Acupuncture	\$1,000 maximum	24 visits

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 healthnetoregon.com/noc. For more information, please contact your Health Net account management team.

2022 Broker Bonus Program

YOUR CLIENTS AND YOUR BUSINESS ARE OUR PRIORITIES

Earn a bonus for every Small and Association Group you sell with Health Net. Groups with 50 subscribers or less qualify you for the bonus! The larger the group, the larger the earning potential! Let's grow our future together!



Group Size *(employee count)*

1 - 9

10 - 25

26 - 50



Bonus Amount *(per group)*

\$1,000

\$2,000

\$3,000

Bring your clients home to Health Net!

Sales Bonus Program

*Effective January 1, 2022
through December 1, 2022*

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

\$100 Bonus
for every group
submitted via
Wired Enroll!

Small Group Portfolio: Expanding Your Sales Opportunities

To help you sell Health Net Small Group products, refer to our benefit grid below.

Detailed plan overviews are available at healthnetoregon.com/broker > *Forms & Brochures* > *Small Business Groups*.

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

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

Our 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.



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											
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%

(continued)

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
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

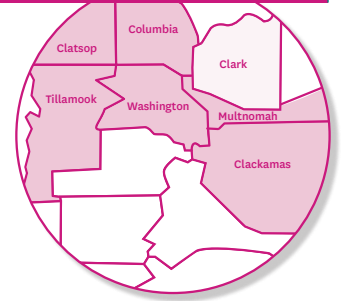
Vision ¹²	Member pays			
	Exam	Frame allowance	Lenses (single / bifocal / trifocal / progressive)	Frequency (months) (examination / lenses or contact lenses / frames)
Elite 1010-1	\$10	\$150	\$10 / \$10 / \$10 / \$75	12 / 12 / 12
Preferred 1025-2	\$10	\$100	\$25 / \$25 / \$25 / \$90	12 / 12 / 24
Preferred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

2022

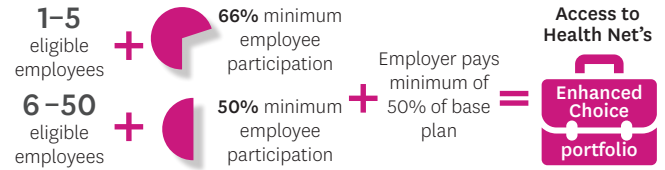
- ¹ All medical plans include pediatric vision coverage. Pediatric dental coverage must be purchased for dependents under 19 years of age through Health Net or another carrier. Pediatric dental is not available on the Oregon State Standard medical plans.
- ² The specified deductible must be met each 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 Tillamook counties, and Clark County, WA.



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:

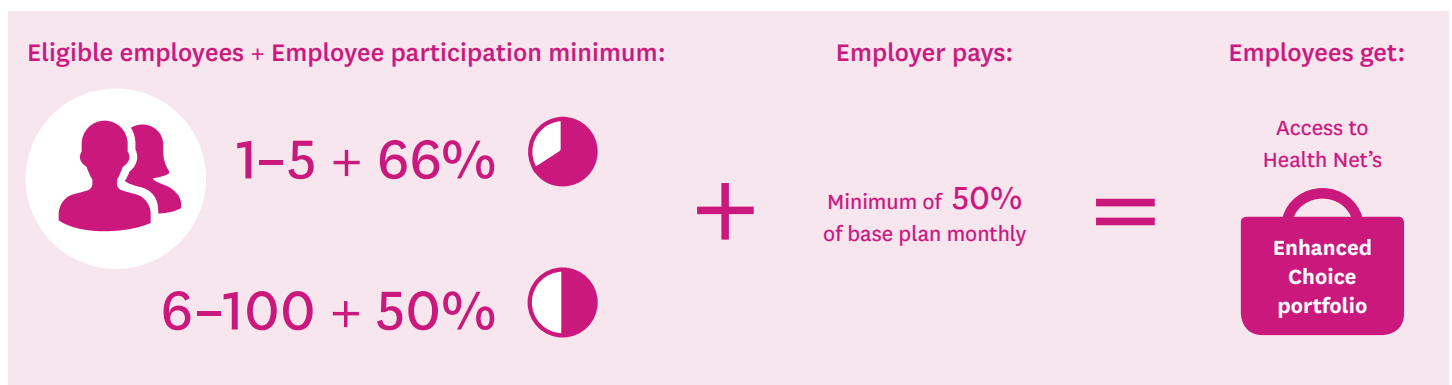
- A competitive, **defined contribution** arrangement for financial flexibility.
- The ability to provide our CommunityCare 1T **tailored network** plans alongside the defined contribution arrangement, making them even more affordable and competitive!
- **Broad employee choice** - offering employees 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.

ENHANCED CHOICE PARTICIPATION REQUIREMENTS



Product and Network Details

Medical product or network 	Description 	Service area 
CommunityCare	<p>Health Net CommunityCare combines a unique blend of benefits, a tailored network and personal, whole-health support in one simple package. The Health Net CommunityCare Network includes Legacy Health System, 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. Our CommunityCare IT plan designs are our most affordable product offerings.</p>	<p>Employer groups must be located in Clackamas, Clatsop, Columbia, Multnomah, Tillamook, or Washington counties to offer CommunityCare.</p> <p>Employees must live in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties, and Clark County, WA to be eligible to enroll in CommunityCare.</p>
PPO	<p>PPO insurance plans make it possible for employees to get the flexibility they want when it comes to a health care provider.</p> <p>Insureds can go to any doctor or hospital in our PPO Network. They can even see a provider outside of our network.</p> <p>We offer a wide range of traditional PPO plans supported by an extensive medical and pharmacy network. HRA integration is available on our PPO plans through HealthEquity.</p>	Statewide PPO Network
HSA-Compatible PPO	<p>Our low-premium, high-deductible PPO insurance plans give employees broad benefits and access to both of our networks, along with the tax-saving potential of a Health Savings Account (HSA).</p> <p>These smart plans are an effective way for clients to take a consumer-directed health care approach to the way they offer benefits. HSA integration is available on our high deductible health plans through HealthEquity.</p>	Statewide PPO Network

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

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

Health Net Vision:
eyemedvisioncare.com

Health Net Dental:
yourdentalplan.com/healthnet

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* > *Small 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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