

Small Business Group 2023 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 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.

- #26 on the 2022 Fortune 500 list.
- Total assets of approximately \$78.4 billion as of December 31, 2021.
- 2022 expected revenue of \$135.9–\$137.9 billion.
- \$29.8 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. Use the *Viewing For* dropdown to go to your OR Commercial Group view, then:

1. From the menu bar: Click on *Sales & Quoting Resources*.
2. Under Small Business Groups (SBG) Quoting Tools: Click on *Open Small Business Quoting Tools*.

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.

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.



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

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.**

2023 Highlights and Updates

Our new and simplified **2023 portfolio offerings** equip you with choices to satisfy your clients – and help keep your business growing!



Plan name	2022	2023
CommunityCare IT plans have been discontinued for Small Group		Refer to page 8 for 2023 plan information.
Health Net Oregon Standard Gold Plan • Deductible	\$1,500 single / \$3,000 family	\$1,800 single / \$3,600 family
Health Net Oregon Standard Silver Plan • Deductible • Out-of-pocket max	\$3,650 single / \$7,300 family \$8,550 single / \$17,100 family	\$4,800 single / \$9,600 family \$9,100 single / \$18,200 family
Health Net Oregon Standard Bronze Plan • Deductible • Out-of-pocket max	\$8,700 single / \$17,400 family \$8,700 single / \$17,400 family	\$8,800 single / \$17,600 family \$8,800 single / \$17,600 family

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.



Small Group Portfolio: Expanding Your Sales Opportunities

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

We built our portfolio for small group employers seeking the simplicity and innovation of our best-selling plans – 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 2023 portfolio continues to include our most affordable employer group plan solutions. Our 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.

PPO

PPO insurance plans make it possible for employees to get the flexibility they want when it comes to a health care provider.

Insureds can go to any doctor or hospital in our statewide PPO Network. They can even see a provider outside of our network.

We offer a wide range of traditional PPO plans supported by an extensive medical and pharmacy network.

HSA-Compatible PPO

Our low-premium, high-deductible PPO insurance plans give employees broad benefits and access to our statewide PPO network, along with the tax-saving potential of a Health Savings Account (HSA).


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.

To help you sell Health Net Small Group products, refer to our benefit grid on the next pages. Detailed plan overviews are available at healthnetoregon.com/broker > **Forms & Brochures** > **Small Business Groups**.



Oregon Small Group Portfolio¹


2023

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 ⁵
PPO											
Platinum P10-250-1-4000LX	\$250 / \$500	\$4,000 / \$8,000	\$10 / \$20	10% / 50%	\$10	10% ⁶	10%	5% / 10%	\$250 + 10%	\$50	\$10 / \$30 / \$60 / 50%
Platinum P10-500-1-4000LX	\$500 / \$1,000	\$4,000 / \$8,000	\$10 / \$20	10% / 50%	\$10	10% ⁶	10%	5% / 10%	\$250 + 10%	\$50	\$10 / \$30 / \$60 / 50%
Platinum P10-750-2-3500LX	\$750 / \$1,500	\$3,500 / \$7,000	\$10 / \$20	20% / 50%	\$10	20% ⁶	20%	10% / 20%	\$250 + 20%	\$50	\$10 / \$30 / \$60 / 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 P0-1500-4-8000DX	\$1,500 / \$3,000	\$8,000 / \$16,000	\$0 / \$50	40% / 50%	\$0	40%	40%	30% / 40%	40%	\$50	\$250 deductible \$0 ⁶ / \$45 ⁷ / 50% ⁷ / 50% ⁷
Gold P0-3500-4-8000DX	\$3,500 / \$7,000	\$8,000 / \$16,000	\$0 / \$50	40% / 50%	\$0	40%	40%	30% / 40%	40%	\$50	\$250 deductible \$0 ⁶ / \$45 ⁷ / 50% ⁷ / 50% ⁷
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 P20-1000-2-7950DX	\$1,000 / \$2,000	\$7,950 / \$15,900	\$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	\$15 / \$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	\$15 / \$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	\$15 / \$45 / \$90 / 50%
Silver P35-5000-5-8500DX	\$5,000 / \$10,000	\$8,500 / \$17,000	\$35 / \$70	50% / 50%	\$35	50%	50%	40% / 50%	50%	\$70	\$400 deductible \$20 ⁶ / \$50 ⁷ / 50% ⁷ / 50% ⁷
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 P45-4000-3-8150ES	\$4,000 / \$8,000	\$8,150 / \$16,300	\$45 / \$90	35% / 50%	35%	35%	35%	25% / 35%	35%	\$90	\$25 / \$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%
Silver P45-6000-5-8500ES	\$6,000 / \$12,000	\$8,500 / \$17,000	\$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% ⁷ / 0% ⁷ / 0% ⁷ / 0% ⁷
High Deductible PPO (HSA qualified plans) all benefits subject to deductible⁸											
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%
Oregon State Standard PPO											
Gold Standard Plan	\$1,800 / \$3,600	\$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	\$4,800 / \$9,600	\$9,100 / \$18,200	\$40 / \$80	30% / 50%	30%	30%	30%	30% / 30%	30%	\$70	\$15 / \$60 / 50% / 50%
Bronze Standard Plan	\$8,800 / \$17,600	\$8,800 / \$17,600	\$50 / \$100	0% / 50%	0%	0%	0%	0% / 0%	0%	\$100	Integrated medical deductible \$20 ⁶ / 0% ⁷ / 0% ⁷ / 0% ⁷


Oregon Small Group Portfolio¹

2023

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

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 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 the Oregon Essential RX Drug List.

⁶ Deductible is waived.

⁷ After deductible.

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.

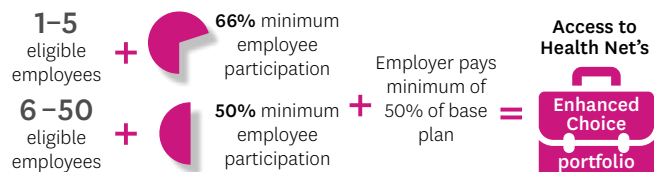
¹⁰ Only chiropractic and acupuncture benefits available on Oregon State Standard Plans.

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

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

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.

Participation guidelines



Enhanced Choice

WE INVITE YOU TO CHOOSE

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

Our Enhanced Choice solution offers flexible, cost-saving choices that include:

- A competitive, **defined contribution** arrangement for financial flexibility.
- **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

Eligible employees + Employee participation minimum:



1–5 + 66%



6–100 + 50%



+

Employer pays:

Minimum of **50%**
of base plan monthly

=

Employees get:

Access to
Health Net's



Supplemental Coverage

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.

Dental PPO

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.

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

Find Health Net's dental providers by visiting:
Health Net Dental: yourdentalplan.com/healthnet

Vision PPO

Our Health Net Vision PPO insurance plans may be purchased in conjunction with our medical coverage plans, with the exception of the Oregon State Standard Plans. These plans are available for members ages 19 and older and provide 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.

Note: For dependents age newborn through 19, Pediatric Vision coverage is automatically included with all medical plans.

Find Health Net's vision providers by visiting:
Health Net Vision: eyemedvisioncare.com

Alternative Care

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.

The Base plan is included in all of our medical plans, except the Oregon State Standard plans.¹ Groups may purchase one of the Buy-Up options, which offers their employees an increased number of office visits per calendar year, as well as an option that offers out-of-network benefits.

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.

Find an alternative care provider by visiting:
American Specialty Health: ashlink.com/ash/hnetorcom

¹Alternative Care plans are not available for purchase alongside the Oregon State Standard Plans. Only chiropractic and acupuncture benefits available on Oregon State Standard Plans. Refer to the plan overviews for benefit details.



For additional assistance in locating an ASH Group provider, please contact us at 800-678-9133.

Behavioral Health

Living well means taking care of physical health and mental health. Our Health Net plans include behavioral health benefits, administered by MHN Services. Behavioral health benefits include treatment for mental health and substance use disorders and may include:

- Sessions with a therapist, psychologist or psychiatrist.
- Treatment follow-up and aftercare.
- Other inpatient and outpatient services that are medically necessary.

Members can call MHN staff 24/7, including customer service reps and licensed clinical Care Managers, for:

- Answers to questions about benefits.
- Finding a MHN provider based on their needs.
- Getting help right away if they are experiencing a crisis or emergency.
- Help getting an appointment if they are having difficulty.

Find a therapist or psychiatrist at **www.mhn.com**. Under *For Members*, select *Find a Provider*. Members can search for a provider near them or for a provider who provides telehealth services.



Find a therapist or psychiatrist at **www.mhn.com**. Under *For Members*, select *Find a Provider*. Members can search for a provider near them or for a provider who provides telehealth services.



\$0 Copay Telemedicine¹

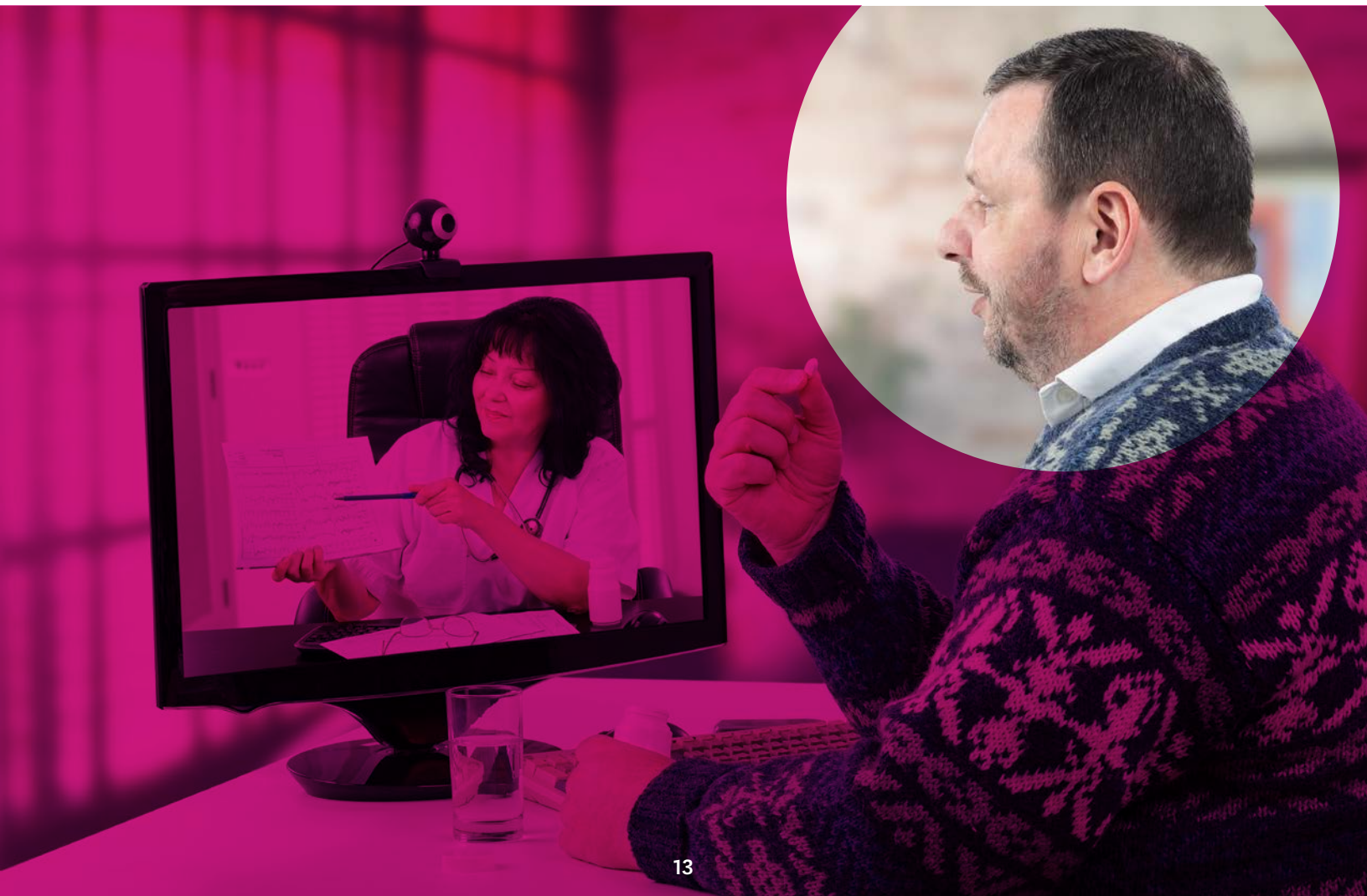
Telemedicine is an option for members who want to save a trip to their doctor's office. Convenient visits with their doctor by phone or video is a benefit on all of our health plans. Members should check with their doctor to see if they offer telemedical services.

Additional telemedicine through Teladoc

Teladoc provides supplemental telehealth services for members who can't see their regular doctor. By scheduling a visit with one of Teladoc's U.S. board-certified and licensed medical doctors, members can be diagnosed, treated and prescribed medication if necessary.

Teladoc is available for non-emergency conditions like the flu, allergies, infections, and much more. Members also have access to therapists and psychiatrists by phone or video through Teladoc. Visit teladoc.com/hn for more information.

¹\$0 copay per visit, deductible waived except on HDHP plans. Members should refer to their Plan Contract or Schedule for benefit details.





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 RealAge Test.



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:

- **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 month.¹
- **Disease management** for people living with ongoing health challenges like diabetes, asthma, COPD, heart disease, and heart failure.
- **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.
- **Nurse advice** services around the clock.



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.

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: 888-802-7001

For dental and vision questions, members can call:

Dental: 877-410-0176

Vision: 866-392-6058

For alternative care questions, members can call:

Alternative care: 800-678-9133

For behavioral health/chemical dependency
questions, members can call:

MHN: 800-977-8216

For questions about broker commissions and contracting,
brokers can contact:

Broker Relations: 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.

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.

Health Net Health Plan of Oregon, Inc. is a subsidiary of Health Net, LLC. Health Net and Decision Power are registered service marks of Health Net, LLC. Managed Health Network, LLC (MHN) is a subsidiary of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.