Health Net Health Plan of Oregon, Inc., "Health Net"

health net™

Renewal Guide

SMALL GROUP SOLUTIONS 2023

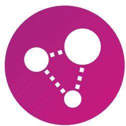
Small Business Group

HealthNetOregon.com

Satisfaction Starts Here

SMALL GROUP SOLUTIONS

Move your business forward by offering your employees affordable, flexible options. With the wide range of small business-focused solutions available, it's easy to find the plan that fits.



Choose from a wide range of cost and coverage options

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

Ensure around-the-clock access to care

Virtual doctor visits via telehealth are available for all plans in 2023. Plus, the Nurse Advice Line is another 24/7 resource for over-the-phone health advice and support for all plans.

Ask our local "at-your-service" team

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

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

Small Group Solutions

ROBUST, FLEXIBLE, AFFORDABLE COVERAGE OPTIONS

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 888-802-7001, OPTION 3, OPTION 1.

2023 Highlights and Updates

*Our **2023 portfolio offering** equips you with choices to satisfy your employees' health care needs. Below is a brief summary of the portfolio updates for this year.*

Plan name	2022	2023
PPO		
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 / $7,000 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.

Oregon Small Group Portfolio[1]

2023

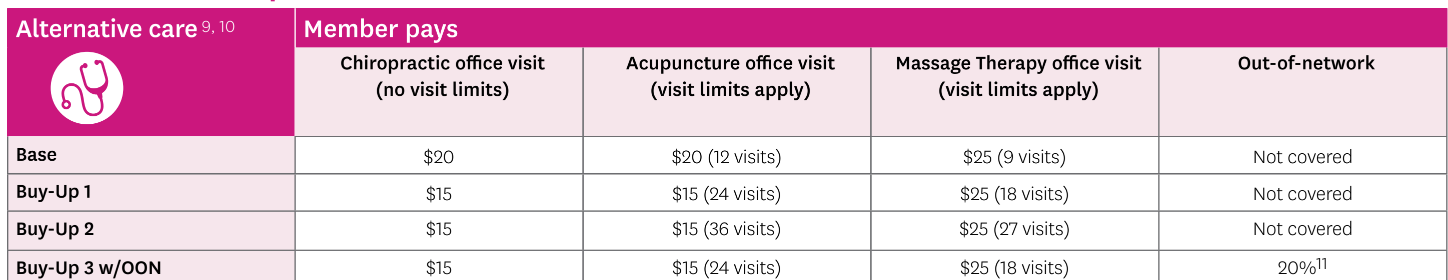
Plan name	Deductible[2] (single/ family)	Out-of-pocket maximum[3] (single / family)	Office visit / specialist visit	Coinsurance[4] (in-network/ out-of-network)	Lab and X-ray	CT/MRI/ PET/ SPEC	Inpatient hospital	Outpatient surgery (ASC/ hospital)	Emergency room (copay waived if admitted)	Urgent care	Pharmacy[5]
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 deductible[8]											
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]

(continued)

Oregon Small Group Portfolio[1]

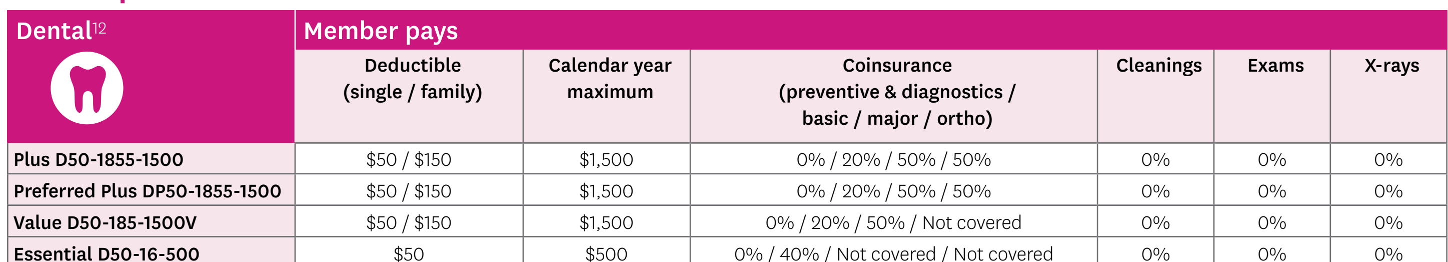
2023

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.

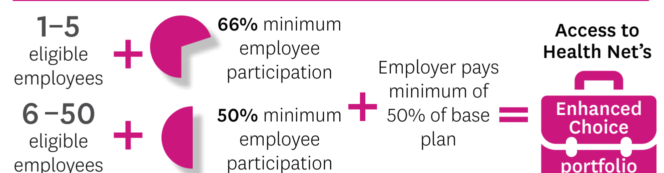
[9] All copayments accumulate to the medical out-of-pocket maximum.

[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.

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.

Enhanced Choice

WE INVITE YOU TO CHOOSE!

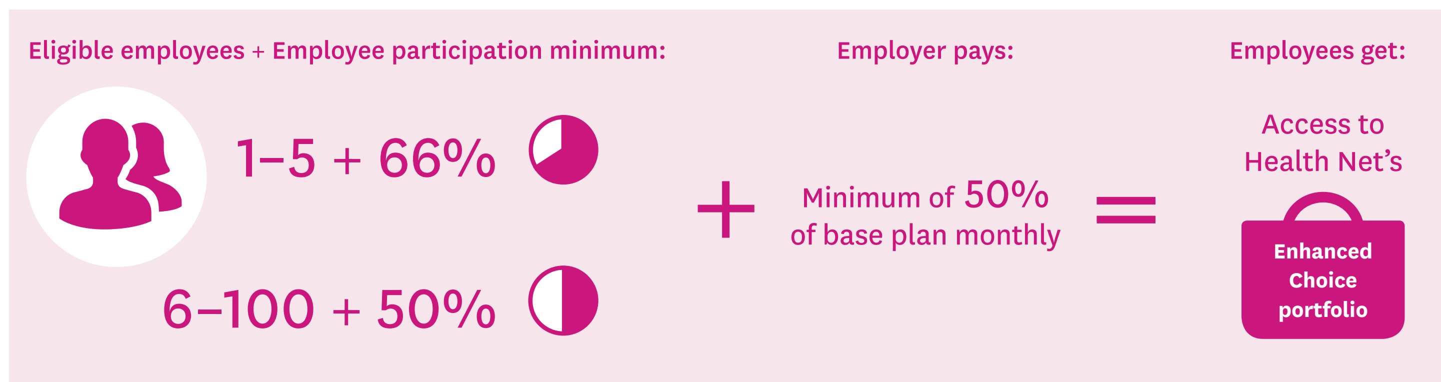
With Enhanced Choice, you have the option to offer multiple plans to your employees. Our Enhanced Choice solution offers flexible, cost-saving choices that include:

- 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 enroll in Enhanced Choice:

1. Select a base plan from the portfolio options.
2. Set your contribution to 50% of the lowest-cost base plan.
3. Choose **unlimited plans** from the portfolio.
4. Employees then enroll in the plan they want from the options you offer.

ENHANCED CHOICE PARTICIPATION REQUIREMENTS



Understanding Rates

Rates take into account many variables, such as new technologies and rising health care costs.

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

Our Small Group premium rating aligns with the Affordable Care Act for ACA-compliant health plans:

- Age – limited to a 1:3 ratio. Example: The rate for a 64-year-old can't be more than three times (300%) the rate for a 21-year-old.
- Each family member is rated individually based on their age. For the purpose of rating, the member's age is determined at the time a policy is issued or renewed.
- Only the first three children under age 21 are charged.
- Rates based on the geographic rating region of the employer.
- Regional rating areas are now grouped together for rating based upon the regions chosen by the state of Oregon.
- Health status has been removed as a rating factor.
- Your premium is priced as part of one Health Net rating pool.
- Your pricing is adjusted to reflect the average risk in the state of Oregon.

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

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

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

You can use the benefit information included in this guide to evaluate your options.

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

$0.41

participant/month

charge to cover two federal fees

Ancillary Programs

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 888-802-7001, OPTION 3, OPTION 1.

Pediatric Vision / Dental Plans

Pediatric Vision / Dental Plans

AVAILABLE TO 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.

Vision coverage benefits

- $0 copayments for vision exams and lenses.
- Large network of independent providers, including LensCrafters, Pearle Vision and Target Optical. Providers can be found online at eyemedvisioncare.com or by calling 866-392-6058.
- Secondary purchase plan – Discounts up to 40% on all covered materials and services once initial benefit has been used.

Benefits and coverage	Member pays
Routine eye exam *(limit: 1 per calendar year)*	$0
Lenses *(limit: 1 per calendar year)* · Single vision, bifocal, trifocal, lenticular · Glass or plastic	$0
Provider-selected frames *(limit: 1 per calendar year)*	$0
Optional lenses and treatments: · UV treatment · Tint (fashion, gradient and glass-grey) · Standard plastic scratch coating · Standard polycarbonate · Photochromatic / transitions plastic · Standard anti-reflective coating · Polarized · Standard progressive lenses · Hi-index lenses · Blended segment lenses · Intermediate vision lenses · Select or ultra-progressive lenses	$0
Provider-selected contact lenses *(in lieu of eyeglass lenses):* · Disposable: Daily wear – up to 3-month supply of daily disposable, single vision Extended wear – up to 6-month supply of monthly or 2-week disposable, single vision · Conventional: 1 pair from selection of provider-designated contact lenses · Medically necessary[1]	$0

Dental[2] coverage benefits

- Large statewide and national network of dental PPO providers can be found online at yourdentalplan.com/healthnet or by calling 877-410-0176.
- Budget your care – Find out your costs up front by using our convenient online treatment cost calculator.

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

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

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

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

Dental Plans[1]

Plans That Make You Smile

Do you offer a plan that includes optional dental and vision coverage for your employees? With Health Net, you can choose from a full line of affordable dental and vision coverage products and have a single point of contact for all your health care needs.

Health Net Dental plans may be purchased separately or in conjunction with medical coverage products, with the exception of the Oregon State Standard Plans. For renewal rates, more information or to purchase any of these products, please contact your Health Net Account Manager.

Some of the key advantages of these products include:

Plus plan benefits

For groups of 10 or more enrolled.

- Includes orthodontia.
- Endodontics, periodontia and oral surgery are reimbursed at tier 2 (Basic).
- No balance billing if network provider used; otherwise, no benefit distinction in- versus out-of-network.
- Out-of-network benefits are reimbursed at the Reasonable & Customary amount (R&C).
- 6-month waiting period on Major and Orthodontic Services.[2]

Preferred Plus plan benefits

For groups 10 or more enrolled.

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

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

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

Value plan benefits

For groups 2 or more enrolled.

- No orthodontia.
- Endodontics, periodontia and oral surgery are covered at tier 3 (Major).
- No balance billing if network provider used; otherwise, no benefit distinction in- versus out-of-network.
- Out-of-network benefits are reimbursed at the Reasonable & Customary amount (R&C).
- 6-month waiting period on Major Services.[2]

Essential plan benefits

For groups 2 or more enrolled.

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

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

Plan benefits[1]	Plus D50-1855-1500	Preferred Plus DP50-1855-1500	Value D50-185-1500V	Essential D50-16-500
Annual deductible per person	$50	$50	$50	$50
Annual deductible per family	$150	$150	$150	Not covered
Annual plan maximum per person	$1,500	$1,500	$1,500	$500
	In-network / out-of-network[3]	In-network / out-of-network[3]	In-network / out-of-network[3]	In-network / out-of-network[3]
Diagnostic and preventive[2]	100% / 100%	100% / 80%	100% / 100%	100% / 80%
Basic services	80% / 80%	80% / 60%	80% / 80%	60% / 50%
Endodontic, periodontal and oral surgery	80% / 80%	80% / 60%	50% / 50%	Not covered
Major services	50% / 50%	50% / 50%	50% / 50%	Not covered
Orthodontic services	50% / $1,500 lifetime	50% / $1,500 lifetime	Not covered	Not covered

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

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

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

Vision Plans

Vision Plans with a Clear Advantage

With a range of copay and frame/lenses allowance options to choose from, you can find a vision plan that matches your employees' lifestyles and budgets.

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:

- A diverse national network of independent and retail providers, including LensCrafters, Pearle Vision and Target Optical.
- Low copayments.
- Employees and dependents can see any provider they choose, either in-network or out-of-network, and be covered under the plan.
- Discounts of 5–15% on LASIK and PRK from U.S. Laser Network.

Find providers by calling Health Net Vision Member Services' toll-free number at 866-392-6058. Or visit eyemedvisioncare.com.

Benefits and coverage	Elite E1010-1	Preferred 1025-2	Preferred 1025-3
Exam with dilation as necessary	$10 copay	$10 copay	$10 copay
Exam options			
Standard contact lenses	Up to $55 copay	Up to $55 copay	Up to $55 copay
Premium contact lenses	10% off retail	10% off retail	10% off retail
Eyewear, lenses and frames			
Single vision	$10 copay	$25 copay	$25 copay
Bifocal	$10 copay	$25 copay	$25 copay
Trifocal	$10 copay	$25 copay	$25 copay
Lenticular	$10 copay	$25 copay	$25 copay
Standard progressive lenses	$75 copay	$90 copay	$90 copay
Premium progressive lenses	$75 copay plus 80% of charge less $120 allowance	$90 copay plus 80% of charge less $120 allowance	$90 copay plus 80% of charge less $120 allowance
Retail allowance for any frames at provider location	$150 plus 20% off balance over allowance	$100 plus 20% off balance over allowance	$100 plus 20% off balance over allowance
Lens options			
UV coating	$15 copay	$15 copay	$15 copay
Tint (solid and gradient)	$15 copay	$15 copay	$15 copay
Standard scratch-resistant	$15 copay	$15 copay	$15 copay
Standard polycarbonate	$40 copay	$40 copay	$40 copay
Standard anti-reflective	$45 copay	$45 copay	$45 copay
Other add-ons and services	20% discount	20% discount	20% discount
Contact lenses			
Contact lenses (includes materials only)	$120 allowance	$90 allowance	$90 allowance
Conventional	$0 copay, plus 15% discount off balance over allowance	$0 copay, plus 15% discount off balance over allowance	$0 copay, plus 15% discount off balance over allowance
Disposables	$0 copay, plus balance over allowance	$0 copay, plus balance over allowance	$0 copay, plus balance over allowance
Medically necessary	$0 copay	$0 copay	$0 copay
Laser vision correction[1]			
LASIK or PRK from U.S. laser network	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 24 months
Frames	Once every 12 months	Once every 24 months	Once every 24 months

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

Alternative Care

Care That Won't Put You in a Pinch

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

The Base plan is included in all of our medical plans, except the Oregon State Standard plans[1]. If you like, you may purchase one of the Buy-Up options, which offers your 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 at ashlink.com/ash/hnetorcom. For additional assistance in locating an ASH Group provider, please contact us at 800-678-9133.

Plan [2,3]	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%[4]

[1]Alternative 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.

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

[3]Applies to chiropractic, acupuncture and massage therapy. Naturopath office visit is based on medical plan.

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

Value Beyond Your Benefits

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 888-802-7001, OPTION 3, OPTION 1.

Health Net Member Extras

We want your employees to get the most from their health plans. That's why we offer programs and resources to support their health and wellness.

Decision Power®: Health & Wellness

Decision Power is an integrated program created to engage people in their health. With personalized tools and achievable goals, employees can feel confident in their ability to make positive and lasting behavioral changes.

Through Decision Power, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness:

Get help with a specific health goal.

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 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 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.

[1]Fees 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.

Health Net Online

Self-service at healthnetoregon.com

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

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

Group Administration

Questions? Need more information?

PLEASE CONTACT YOUR HEALTH NET ACCOUNT MANAGEMENT TEAM AT 888-802-7001, OPTION 3, OPTION 1.

Group Administration

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

Application tips

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

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

Handling group changes

Adding employees or dependents

Groups can add employees at the following times:

- **New hire** (after meeting the company's probationary period) – Applications must be received within 30 days of member effective date.

  Example: The probationary period is the first of the month following date of hire. An employee hired January 15 would have a February 1 effective date.

- **Rehires** – If a terminated employee is rehired within 30 days, they and their dependent(s) will be reinstated without a coverage lapse (i.e., a period where there is no coverage). If more than 30 days have elapsed between the termination and rehire dates, the employee must again fulfill your group's eligibility period as if they were a new hire. This will produce a coverage lapse. The eligibility period varies with each group.
- **Open enrollment** – During the annual renewal period, groups can enroll employees and dependents who had previously declined coverage.
- **Loss of coverage** – Application requires a copy of the Prior Coverage Certificate with the enrollment form.

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

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

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

Billing contacts

Our Membership Accounting team is available to answer any billing or eligibility questions. Their number is 888-802-7001, option 5 or you can send a fax to 855-607-0982 or you can email HNOregon_Enrollment@healthnet.com.

To pay your bills, mail payments to:

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

When mailing in a premium payment, remember to write your group number on the check and mail it by the first of the month. Please remember to send allocation directions if you have multiple medical plans and are sending one payment. Health Net billing will need to know how to apply specific portions of the total check to the separate group numbers.

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

Canceling employee/ dependent coverage

When should Health Net be notified of a cancellation?

Health Net must be notified as soon as possible prior to the last day that the member is eligible for coverage, but no later than 30 days[1] after the effective date of the cancellation. Premium credit cannot be issued for more than 30 days[1] retroactively.

Why is timely notification important?

Members who are no longer eligible, but who have not, in fact, been canceled by their employer, may incur substantial medical expenses between the time they cease to meet eligibility requirements and the time they are actually removed from the plan. According to the eligibility rules of your Health Net plan, if you notify us of a cancellation more than 30 days after what should have

[1]Permitted days are subject to contract agreement.

been the last day of coverage, Health Net will require that you pay subscription charges/premiums for the affected member up to the time that you provided us with proper notification.

How does cancellation of the subscriber's coverage affect the coverage of his or her dependents?

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

How is employee coverage canceled?

The group administrator may indicate the cancellation and effective date on the Current Membership and Membership Changes pages of their monthly billing statement (membership invoice) or process the change through the Online Billing and Enrollment tool at www.healthnetoregon.com. You may also send written notification of the cancellation to Health Net at: HNOregon_Enrollment@healthnet.com or fax 855-607-0982.

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

How can a dependent's coverage be canceled if the subscriber continues to be covered?

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

Enrollment and Change Form

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

Online billing and enrollment

Convenience and control 24/7

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

With Online Billing and Enrollment, groups can:

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

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

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

Important!

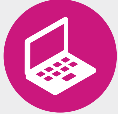
Recurring bill payment – There is a possibility that the recurring payment date will be automatically deleted during the annual renewal period. If this happens, the system will email the user. Also, be sure to retrieve any invoices needed for auditing or tax reporting purposes prior to renewal.

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

Simplified. Sustainable. Small business–focused.

Questions? We're here with answers.

Call your Health Net Account Manager.



Visit us online at healthnetoregon.com/employer.

Read the latest news about Health Net at healthnetoregon.com.

For more information, please contact:

Health Net Health Plan of Oregon, Inc.
13221 SW 68th Pkwy. Ste 315
Tigard, OR 97223

Small Business Group
Sales and Service Administration

800-802-7001, option 3, option 1

Assistance for the hearing and speech impaired

TTY: 711

healthnetoregon.com

Enrollees have access to Decision Power through 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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