



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

## ***Notice of Changes to Coverage Terms for Small Business Groups Effective on and after January 1, 2023***

The Health Net Health Plan of Oregon, Inc. (Health Net) Group Plan Benefits and Group Medical and Hospital Service Agreement (“Agreement”) issued in 2022 will be amended to include the changes that appear in this notice for compliance with new laws, regulatory requirements and/or to address Health Net administrative or policy changes. The following modifications apply to Oregon Commercial Small Business Group plans and will appear in the 2023 Agreement.

Additional changes, not confirmed at the time of this mailing, may be required. Please ensure that employees enrolled in the Health Net plan are informed of the changes described in this notice.

The following changes apply to all commercial PPO plans.

### **Global Changes**

1. The Health Net address has been updated to align with the current mailing address, 13221 SW 68th Pkwy, Suite 315, Tigard, Oregon 97223.
2. All references to “Registered” and “Non-registered” have been removed from the term “Domestic Partner” throughout the Plan Contract.

### **Legislative/Regulatory Changes**

1. **No Surprises Act/Surprise Billing Regulations** – Language has been added or revised in accordance with the Federal No Surprises Act and ORS 743B.287 that protects members from balance billing from out-of-network providers for emergency care.
2. **Domestic Partner** – The definition of “Domestic Partner” was revised in accordance with ORS 106.310(1) and will now read as follows:

**“Domestic Partner”** means a person who is in a “domestic partnership” with the Subscriber. In accordance with Oregon State law a domestic partner is defined as described below:

- A domestic partnership is defined as “a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.”
- Any time that coverage is extended to a spouse it must also extend to a domestic partner.

The Subscriber is required to provide notice of termination of the relationship to the Subscriber Group.

3. **Hearing Aids** – The hearing aid benefit has been revised in accordance with ORS 743A.141(4)(b) and will now read as follows:

- The maximum benefit for hearing aid(s), bone conduction sound processors and hearing assistive technology systems is every 36 months, or more frequently if modifications to an existing hearing aid will not meet the needs of an enrollee who is under 19 years of age; or 19 to 25 years of age and enrolled in a secondary school or an accredited educational institution.

Masking devices or other hearing devices not listed above, or the fitting of those devices, are excluded.

4. **Contraceptive Methods** – As required by ORS 743A.067(2)(j)(C) or 743A.067(4), all references to the requirement for a written prescription for over-the-counter contraceptives have been removed.
5. **Opioid Use Disorder Medications** – Opioid use disorder medication information has been added in accordance with OAR 836-053-0017 under the “Prescription Drug Benefits” section and will read as follows:
  - **Opioid Use Disorder Medications.** Preferred buprenorphine products are covered at the Tier 1 Copayment and/or Coinsurance without requiring authorization. Non-preferred buprenorphine products do not require authorization for first 30 days of use. Naloxone nasal spray is covered at Tier 1 with a quantity limit of 2 boxes (4 nasal sprays) every month.
6. **External Review** – The language regarding the signed waiver requirements has been revised and the section (excerpt) will now read as follows:
  - *To be eligible for external review, the Member must (i) have exhausted the Internal Appeals process shown above; and (ii) provide us a signed Authorization to Use and Disclose Health Information (waiver) to release medical records to the IRO. The waiver with instructions and a return address and fax number is provided directly to the Member with an adverse appeal determination. Members can also obtain a copy of the waiver on the Health Net website at [www.healthnetoregon.com](http://www.healthnetoregon.com) or call our Customer Contact Center at the phone number listed on the back of membership card to request a copy of the waiver.*
  - We will provide the IRO information regarding the Adverse Benefit Determination, as well as a signed waiver from the Member granting the IRO access to medical records, no later than 5 business days after receipt of the notice from the DFR.

## Policy and Benefit Changes

1. **Alternative Care** – The Alternative Care policy language has been relocated from the Small Group Alternative Care Plan Contract to the PPO Plan Contract.
  - A new “Alternative Care” section has been added that includes coverage information and exclusions and limitations for acupuncture, chiropractic, therapeutic massage, and naturopathic services.
  - The exclusion for “Alternative Care” has been removed.
2. **Definitions:**
  - a. The following definitions from the Alternative Care policy have been incorporated into the “Definitions” section of the PPO Plan Contract:
    - “Acupuncture Services”
    - “Chiropractic Services”
    - “Musculoskeletal and Related Disorders”
    - “Myofascial Disorders”

- “Naturopathic Services”
  - “Procedure in Progress”
  - “Therapeutic Massage Services”
- b. The definition of “Participating Provider” has been revised to include participating chiropractor, participating acupuncturist, participating provider of naturopathic services, participating provider of therapeutic massage services.
3. **Copayment and Coinsurance Schedules** –All Plan Schedules will list previously approved and covered Essential Health Benefits (EHBs) for chiropractic, acupuncture care, naturopathic and massage therapy services.

#### **Language Clarifications**

1. A description of a PPO plan has been added to the first page of the Contract to help members understand their benefit plan.

For more information regarding this Notice of Changes to Coverage Terms, please contact your Health Net Account Manager.