

# Small Business Group 2024 Plan Portfolio

YOUR GUIDE TO PLANS FOR 1-50 EMPLOYEES



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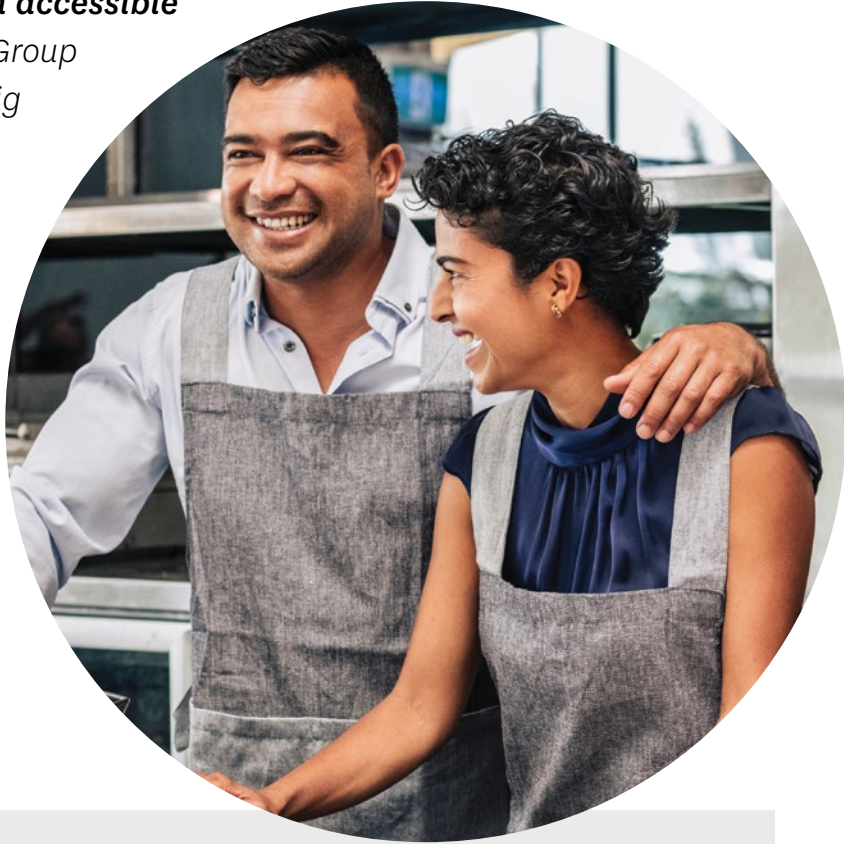
# Smart, Sustainable Solutions

***At Health Net, we take pride in our 80+ years of experience in providing quality healthcare that is both accessible and 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.

**CENTENE®**  
Corporation

**FORTUNE®  
500**  
#25<sup>1</sup>

  
**\$76.9 B**  
total assets<sup>2</sup>

  
**\$144.5 B**  
revenue<sup>2</sup>

  
**\$30.3 B**  
cash and  
investments

<sup>1</sup>Source: 2023 Fortune 500 list (health care: insurance and managed care industry)

<sup>2</sup>2022 revenue. 2022 10-K, earnings release, and Annual Statement. <https://investors.centene.com/financial-info/financial-results>

# 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.



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

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### 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.

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### 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	
<b>90 days ahead of renewal date</b>	<ul style="list-style-type: none"><li>• Renewal packages ready. Call your account manager if you do not have your renewal packages within two weeks of the 90-day mark.</li><li>• Closure letters mailed if there are plan closures.</li></ul>
<b>6 weeks in advance of renewal date</b>	Last date to submit plan changes to ensure accurate processing and billing. <b>Example:</b> October 20 for a December renewal.
<b>8 weeks in advance of renewal date</b>	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. <b>Example:</b> October 1 for a December renewal.
<b>4th of the month before the renewal month</b>	Bill processing begins and runs through the 17th. <b>Example:</b> November 4 for a December renewal.
<b>1st of the renewal month</b>	Summary of Benefits and Coverage documents available at <b>healthnetoregon.com/sbc</b> . 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.

# 2024 Highlights and Updates

Below you will find highlights and updates for our **2024 portfolio offerings**, which will equip you with choices to satisfy your clients and help keep your business growing!

Platinum Plan

- **Decreased out-of-pocket maximum** (OOPM) to \$3,000 on all Platinum Plans.
- **Urgent Care Cost Share** now **matches** Specialist Office Visit Cost Share.

Gold Plan

- **Coinsurance aligned** to **20% across** traditional gold plans.
- **Urgent Care Cost Share** now **matches** Specialist Office Visit Cost Share.
- **Decreased Office Visit copayments** on all traditional gold plans except P25-500-2-8550DX.

Silver Plan

- **Coinsurance aligned** to **30% across** traditional silver plans.
- **Decreased Office Visit copayments** on all traditional silver plans except P35-4500-3-8750DX.

Other

- **Alternative Care OON benefits and Maximum Visit limits now included** with all Medical Plans.
- **Discontinued** Health Equity HSA Integrated Plans.

## Alternative Care

Health Net offers quality Alternative Care benefits for acupuncture, chiropractic, therapeutic massage, and naturopathic care<sup>1</sup> on all of our medical plans through **American Specialty Health Group, Inc. (ASH Group)**. For 2024, as a value-add to our members, all Small Group medical plans will offer rich and increased visitation limits, as well as out-of-network provider access.

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](https://ashlink.com/ash/hnetorcom). For additional assistance in locating an **ASH Group provider**, please contact us at **800-678-9133**.

Chiropractic (Unlimited visits)		Acupuncture (36 visits combined in and out-of-network)		Massage therapy (27 visits combined in and out-of-network)		Naturopath (Unlimited visits)	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	Office visits are covered at the PCP out-of-network cost share under your medical plan

<sup>1</sup>Only chiropractic, acupuncture and naturopath benefits available on Oregon State Standard Plans.

# 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 2024 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.

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](https://healthnetoregon.com/broker) > *Forms & Brochures* > *Small Business Groups*.



# Oregon Small Group Portfolio<sup>1</sup>

2024

Plan name											
	Deductible <sup>2</sup> (single/family)	Out-of-pocket maximum <sup>3</sup> (single/family)	Office visit/ specialist visit	Coinsurance <sup>4</sup> (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 <sup>5</sup>
<b>PPO</b>											
Platinum P10-250-1-3000DX	\$250 / \$500	\$3,000 / \$6,000	\$10 / \$20	10%	\$10	10%	10%	5% / 10%	10%	\$20	\$10 / \$30 / \$60 / 50%
Platinum P10-500-1-3000DX	\$500 / \$1000	\$3,000 / \$6,000	\$10 / \$20	10%	\$10	10%	10%	5% / 10%	10%	\$20	\$10 / \$30 / \$60 / 50%
Platinum P10-750-1-3000DX	\$750 / \$1,500	\$3,000 / \$6,000	\$10 / \$20	10%	\$10	10%	10%	5% / 10%	10%	\$20	\$10 / \$30 / \$60 / 50%
Gold P25-500-2-8550DX	\$500 / \$1,000	\$8,550 / \$17,100	\$25 / \$50	20%	\$20	20%	20%	10% / 20%	20%	\$50	\$15 / \$45 / \$90 / 50%
Gold P15-1000-2-8500DX	\$1,000 / \$2,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P15-1500-2-8500DX	\$1,500 / \$3,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P15-2000-2-8500DX	\$2,000 / \$4,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P15-2500-2-8500DX	\$2,500 / \$5,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P15-3000-2-8500DX	\$3,000 / \$6,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$10 / \$45 / \$90 / 50%
Gold P0-1500-4-8500DX	\$1,500 / \$3,000	\$8,500 / \$17,000	\$0 / \$50	40%	\$0	40%	40%	30% / 40%	40%	\$50	\$250 Rx deductible \$0 Rx ded. waived / \$45 after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
Gold P0-3500-4-8500DX	\$3,500 / \$7,000	\$8,500 / \$17,000	\$0 / \$50	40%	\$0	40%	40%	30% / 40%	40%	\$50	\$250 Rx deductible \$0 Rx ded. waived / \$45 after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
Silver P40-3000-3-8975ES	\$3,000 / \$6,000	\$8,975 / \$17,950	\$40 / \$80	30%	30%	30%	30%	20% / 30%	30%	\$80	\$25 / \$55 / 50% / 50%
Silver P35-4500-3-8750DX	\$4,500 / \$9,000	\$8,750 / \$17,500	\$35 / \$70	30%	\$35	30%	30%	20% / 30%	30%	\$70	\$400 Rx deductible \$20 Rx ded. waived / \$50 after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
Silver P35-5000-3-8750ES	\$5,000 / \$10,000	\$8,750 / \$17,500	\$35 / \$70	30%	30%	30%	30%	20% / 30%	30%	\$70	\$25 / \$50 / 50% / 50%
Silver P40-6000-3-8750ES	\$6,000 / \$12,000	\$8,750 / \$17,500	\$40 / \$80	30%	30%	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%
Bronze P8250-0-8250ES	\$8,250 / \$16,500	\$8,250 / \$16,500	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
<b>High Deductible PPO (HSA qualified plans) all benefits subject to deductible<sup>6</sup></b>											
Silver HD3200-3-6750ES	\$3,200 / \$6,400	\$6,750 / \$13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after ded. / 30% after ded. / 50% after ded.
Silver HD4000-3-6750ES	\$4,000 / \$8,000	\$6,750 / \$13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after ded. / 30% after ded. / 50% after ded.
Bronze HD7100-0-7100ES	\$7,100 / \$14,200	\$7,100 / \$14,200	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
<b>Oregon State Standard PPO</b>											
Gold Standard Plan	\$1,800 / \$3,600	\$7,550 / \$15,100	\$20 / \$40	20% / 50%	20%	20%	20%	20% / 20%	20%	\$60	\$10 / \$30 / 50% / 50% (SP: \$500 per script cap)
Silver Standard Plan	\$5,500 / \$11,000	\$9,450 / \$18,900	\$40 / \$80	30% / 50%	30%	30%	30%	30% / 30%	30%	\$70	\$15 / \$60 / 50% / 50%
Bronze Standard Plan	\$9,450 / \$18,900	\$9,450 / \$18,900	\$50 / \$150	0% / 50%	0%	0%	0%	0% / 0%	0%	\$100	Integrated medical deductible \$25 / 0% / 0% / 0%


(continued)




# Oregon Small Group Portfolio<sup>1</sup>

2024


**Alternative Care plans** (All medical plans include alternative care benefits.)<sup>7,8</sup>

<div>Alternative care</div> 	Member pays							
	Chiropractic (Unlimited visits)		Acupuncture (36 visits combined in and out-of-network)		Massage Therapy (27 visits combined in and out-of-network)		Naturopath (Unlimited visits)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	Office visits are covered at the PCP out-of-network cost share under your medical plan

## Dental plans

<div>Dental<sup>9</sup></div> 	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

<div>Vision<sup>9</sup></div> 	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

<sup>1</sup>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.

<sup>2</sup>The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.

<sup>3</sup>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.

<sup>4</sup>Coinsurance is subject to the annual deductible.

<sup>5</sup>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](http://healthnetoregon.com) to view the Oregon Essential RX Drug List.

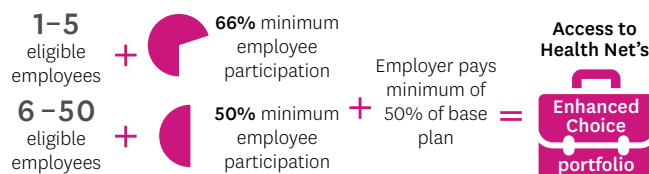
<sup>6</sup>All benefits including office visit copay, pharmacy and alternative care are after deductible.

<sup>7</sup>All copayments accumulate to the medical out-of-pocket maximum.

<sup>8</sup>Only chiropractic, naturopath, and acupuncture benefits available on Oregon State Standard Plans.

<sup>9</sup>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, your clients have the option to offer multiple plans to their employees.*

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

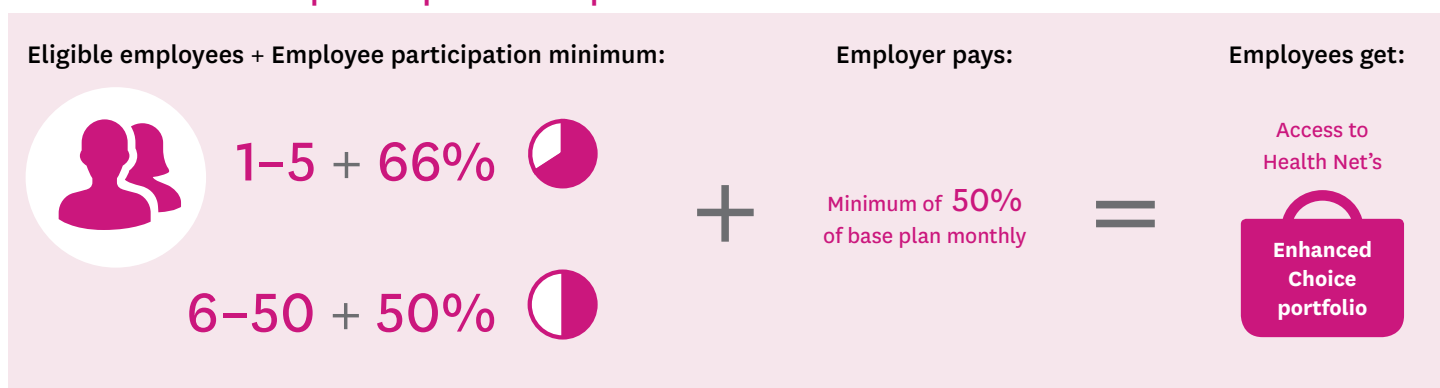
- A competitive, **defined contribution** arrangement for financial flexibility.
- **Broad employee choice** – offering employees the potential to choose from a variety of plan options that you select.
- The ability to tie your contribution rate to the lowest-priced plan option.
- Less administrative 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



## 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.

# 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](https://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](https://eyemedvisioncare.com)



# Behavioral Health

*Health Net offers behavioral health benefits that include mental health and substance use treatment.*

Behavioral health providers include therapists, psychologists, clinical social workers, and psychiatrists.

## What services are covered?

Mental health and substance use disorder benefits may include:

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

## How do I get help?

If members need help, they simply call the number on the back of their Health Net member ID card. Customer Service Representatives are available 24/7 to take members' call.

## Behavioral health staff can:

- Answer questions about benefits.
- Get help right away if members are experiencing a crisis or emergency.
- Help find a provider with availability<sup>2</sup>

Members do not need approval for outpatient appointments.



<sup>2</sup>Upon request, a Behavioral Health rep will reach out to providers on your behalf and will contact you once an available provider is found. Please note routine appointments with an MD/Psychiatrist may take up to 15 business days, or 10 business days for a therapist.



# \$0 Copay Telemedicine<sup>3</sup>

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](https://teladoc.com/hn) for more information.



<sup>3</sup>\$0 copay per visit, deductible waived except on HDHP plans. Members should refer to their Plan Contract or Schedule for benefit details.

# Health & Wellness Programs

Health Net is focused on giving members all the tools needed to live a healthier, more productive life. Our programs can help members to make healthy lifestyle choices. To access our Wellness programs, members can log in to **[www.healthnetoregon.com](http://www.healthnetoregon.com)** and then click **Wellness Center**.



## RealAge® Program

The RealAge Program is our healthy behavior program targeting the 4 highest lifestyle risks – Stress, Sleep, Nutrition, and Activity. The program is personalized to the individual based on risk level for each lifestyle category gleaned through RealAge test responses and personal interest. It's fully integrated with other features of the Sharecare platform, such as trackers, to drive sustained engagement and promote behavior change that can help lead to a lower RealAge.



## RealAge® Test

The RealAge Test provides members with a personalized report of their behavioral and medical health risks. Immediately after taking the online RealAge Test, members will receive a personalized action plan. Members can take the RealAge Test now at **[healthnet.sharecare.com](http://healthnet.sharecare.com)**.



## Craving to Quit®

This tobacco cessation program covers most types of tobacco, lets members talk with a quit coach for encouragement and support, and offers a personalized plan to quit. The innovative 21-day program teaches awareness of cravings and habits to help participants quit smoking or vaping.



## Health Coaching Program

- **Health Coaching Program (telephonic):** With one-on-one support, members and a Health Coach find what motivates them and address the specific health behaviors that affect short-term health risks and long-term goals.
- **Health Coaching Program (digital):** Consists of multiple lessons related to stress, smoking cessation, exercise, weight, gaps in care and more!



## Nurse advice line

Receive timely access to registered nurses for help with everyday health questions – 24/7. Members can get help with a number health issues. These include:

- How to care for minor injuries and illnesses.
- Helping members spot health emergencies.
- Help answer questions about medications.



### Eat Right Now Program

The Eat Right Program is a new 28-day program with the goal of helping members to rewire their brain so they can develop new eating habits. This could lead to weight loss and help members to maintain their ideal weight, with less stress and effort.



### Active&Fit Direct™ program

The Active&Fit Direct program<sup>4</sup> offers access to 12,200+ standard fitness centers across the country, and more, for just \$28 a month (plus \$28 enrollment fee and taxes).



### myStrength

Health Net also offers myStrength – a virtual wellness platform (both web and app based). You get private access to self-help tools, tips and daily inspiration. The programs are designed to help empower you to become and stay mentally and physically healthy. Find programs for stress, anxiety, chronic pain and more.



<sup>4</sup>Members/spouses must be 18 years or older to take part. 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 any time.

Questions? We're here with answers.



Call your Health Net Account Executive.



Visit us online at [healthnetoregon.com/broker](https://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/substance use disorders  
questions, members can call the phone number on  
their member ID card.

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

**Broker Relations:** 888-802-7001, option 4

**Email:** [orbrokerrelations@healthnet.com](mailto:orbrokerrelations@healthnet.com)

**View and download broker sales materials:**

Go to [healthnetoregon.com/broker](https://healthnetoregon.com/broker) > *Forms & Brochures* > *Small Business Groups*

**[healthnetoregon.com](https://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.

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