

Health Net Health Plan of Oregon, Inc. (Health Net)

Pending DFR Approval



Large Business Group 2024 Plan Portfolio

YOUR GUIDE TO PLANS FOR 51+ EMPLOYEES



HealthNetOregon.com

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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 Large Group products with rich benefit plans without the big price tag.

Product portfolio

To help keep your business growing, our Large 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 affordable 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

#25¹



\$76.9 B
total assets²



\$144.5 B
revenue²



\$30.3 B
cash and
investments

¹Source: 2023 Fortune 500 list (health care: insurance and managed care industry)

²2022 revenue. 2022 10-K, earnings release, and Annual Statement. <https://investors.centene.com/financial-info/financial-results>

Large Group Portfolio: Expanding Your Sales Opportunities

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

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

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

Our 2024 portfolio continues to include our most affordable employer group plan solutions. Our broad PPO options and Flexible High Deductible Health Plans (HSA-qualified) will help you find the right benefits to suit your 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.




2024

 Plan name	Member(s) In-Network responsibility									
	Deductible ¹ (single / family)	Out-of-pocket maximum ² (single / family)	Office / specialist visit	Coinsurance ³ (in-network / out-of-network)	Lab / x-ray	CT / MRI / PET / SPEC	Inpatient hospital	Outpatient surgery (ASC / hospital)	Emergency room (copay waived if admitted)	Urgent care
Advantage LX PPO										
LX10-0-2-4000	\$0 / \$0	\$4,000 / \$8,000	\$10 / \$30	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
Advantage PPO										
A15-250-2-4000	\$250 / \$500	\$4,000 / \$8,000	\$15 / \$30	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A20-500-2-4000	\$500 / \$1,000	\$4,000 / \$8,000	\$20 / \$40	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A20-750-2-5000	\$750 / \$1,500	\$5,000 / \$10,000	\$20 / \$40	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A25-1000-2-5000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25 / \$50	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A30-1500-2-6600	\$1,500 / \$3,000	\$6,600 / \$13,200	\$30 / \$60	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A20-2000-2-6600	\$2,000 / \$4,000	\$6,600 / \$13,200	\$20 / \$40	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A30-2500-3-6600	\$2,500 / \$5,000	\$6,600 / \$13,200	\$30 / \$60	30% / 50%	\$20	30%	30%	30% / 20%	\$250 + 30%	\$50
A30-3000-2-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$30 / \$60	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A35-3000-3-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$35 / \$70	30% / 50%	\$20	30%	30%	30% / 20%	\$250 + 30%	\$50
A35-5000-2-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	\$20	20%	20%	20% / 10%	\$250 + 20%	\$50
A35-5000-3-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$70	30% / 50%	\$20	30%	30%	30% / 20%	\$250 + 30%	\$50
Essentials PPO										
E20-500-2-4000	\$500 / \$1,000	\$4,000 / \$8,000	\$20 / \$40	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E25-1000-2-5000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25 / \$50	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E30-2000-2-6600	\$2,000 / \$4,000	\$6,600 / \$13,200	\$30 / \$60	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E35-3000-2-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E35-4000-2-7350	\$4,000 / \$8,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
E35-5000-3-8150	\$5,000 / \$10,000	\$8,150 / \$16,300	\$35 / \$70	30% / 50%	30%	30%	30%	30% / 20%	30%	\$50
E35-6000-3-8150	\$6,000 / \$12,000	\$8,150 / \$16,300	\$35 / \$70	30% / 50%	30%	30%	30%	30% / 20%	30%	\$50
E50-3000-5-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$50 / \$100	50% / 50%	50%	50%	50%	50% / 40%	50%	\$50
E50-5000-5-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$50 / \$100	50% / 50%	50%	50%	50%	50% / 40%	50%	\$50
E50-6000-5-8150	\$6,000 / \$12,000	\$8,150 / \$16,300	\$50 / \$100	50% / 50%	50%	50%	50%	50% / 40%	50%	\$50
Essentials First Dollar PPO (First \$500 on lab, x-ray and advanced imaging combined covered at 100%)										
FE25-1000-2-5000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$25 / \$50	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
FE25-1500-2-7350	\$1,500 / \$3,000	\$7,350 / \$14,700	\$25 / \$50	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
FE30-2000-2-7350	\$2,000 / \$4,000	\$7,350 / \$14,700	\$30 / \$60	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
FE35-3000-2-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
FE35-5000-2-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$35 / \$70	20% / 40%	20%	20%	20%	20% / 10%	20%	\$50
FE50-5000-5-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$50 / \$100	50% / 50%	50%	50%	50%	50% / 40%	50%	50%
Primary Advantage PPO										
PA0-500-4-5000	\$500 / \$1,000	\$5,000 / \$10,000	\$0 / \$50	40% / 50%	\$0	40%	40%	40% / 30%	\$300	\$50
PA10-3000-5-7350	\$3,000 / \$6,000	\$7,350 / \$14,700	\$10 / \$70	50% / 50%	\$0	50%	50%	50% / 40%	50%	\$70
PA20-5000-5-7350	\$5,000 / \$10,000	\$7,350 / \$14,700	\$20 / \$70	50% / 50%	\$0	50%	50%	50% / 40%	50%	\$70
PPO HDHP⁵										
HDE32008060 w/HD80	\$3,200 / \$6,400	\$5,600 / \$11,200	20%	20% / 40%	20%	20%	20%	20% / 10%	20%	20%
HDE35008060 w/HD80	\$3,500 / \$7,000	\$6,550 / \$13,100	20%	20% / 40%	20%	20%	20%	20% / 10%	20%	20%
HDE50008060 w/HD80	\$5,000 / \$10,000	\$6,750 / \$13,500	20%	20% / 40%	20%	20%	20%	20% / 10%	20%	20%


(continued)

2024


Alternative Care plans^{6,7}

 Alternative care	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

Vision plans

 Vision	Member pays			
	Exam	Frame allowance	Lenses (single / bifocal / trifocal / progressive)	Frequency (months) (examination / lenses or contact lenses / frames)
Elite 1010-1	\$10	\$150 plus 20% off balance over allowance	\$10 / \$10 / \$10 / \$75	12 / 12 / 12
Supreme 010-2	\$0	\$120 plus 20% off balance over allowance	\$10 / \$10 / \$10 / \$75	12 / 12 / 24
Preferred 1025-2	\$10	\$100 plus 20% off balance over allowance	\$25 / \$25 / \$25 / \$90	12 / 12 / 24
Preferred 1025-3	\$10	\$100 plus 20% off balance over allowance	\$25 / \$25 / \$25 / \$90	12 / 24 / 24
Preferred Value 10-3	Not covered	\$100 plus 20% off balance over allowance	\$10 / \$10 / \$10 / \$75	Not covered / 24 / 24
Plus 20-1	\$20	35% discount off retail price	\$50 / \$70 / \$105 / \$135	12 / Unlimited / Unlimited
Exam Only	\$0	Not covered	Not covered	24 / Not covered / Not covered

Dental plans

 Dental	Member pays					
	Annual deductible per person	Calendar year maximum	Coinsurance (preventive & diagnostics / basic / major / ortho)	Cleanings	Exams	X-rays
Plus D25-185- 1500	\$25	\$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D25-1855-1500	\$25	\$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Plus D25-1855-2000	\$25	\$2,000	0% / 20% / 50% / 50%	0%	0%	0%
Plus D50-185-1000	\$50	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D50-185-1500	\$50	\$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D50-1855-1500	\$50	\$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Plus D50-185- 2000	\$50	\$2,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D50-1855- 2000	\$50	\$2,000	0% / 20% / 50% / 50%	0%	0%	0%
Plus D100-185-1000	\$100	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D100-1855-1000	\$100	\$1,000	0% / 20% / 50% / 50%	0%	0%	0%
Plus D100-185-1500	\$100	\$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D100-185-2000	\$100	\$2,000	0% / 20% / 50% / Not covered	0%	0%	0%
Plus D100-1855-2000	\$100	\$2,000	0% / 20% / 50% / 50%	0%	0%	0%
Preferred Plus DP50-1855-1500	\$50	\$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Value D50-185-1500V	\$50	\$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Value D100-185-1000V	\$100	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Preferred Value DP100-185-1000V	\$100	\$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
Essential D50-16-500	\$50	\$500	0% / 40% / Not covered / Not covered	0%	0%	0%
Fifty D100-555-1000V	\$100	\$1,000	50% / 50% / 50% / Not covered	0%	0%	0%

(continued)

2024

Pharmacy plans⁸

Pharmacy 	Member pays				
	Tier 1	Tier 2	Tier 3	Deductible	Specialty drug
No MAC					
NMSL5-10-25	\$5	\$10	\$25	No	20% up to \$250
NMSL10-20-40	\$10	\$20	\$40	No	20% up to \$250
NMSL10-35-60	\$10	\$35	\$60	No	20% up to \$250
NMSL10-50-75	\$10	\$50	\$75	No	20% up to \$250
NMSL15-30-50	\$15	\$30	\$50	No	20% up to \$250
NMSL15-40-65	\$15	\$40	\$65	No	20% up to \$250
NMSL15-30%-50%	\$15	30%	50%	No	50%
No MAC Deductible plans (deductible waived on Tier 1)					
NMSL10-35-60-100D	\$10	\$35	\$60	\$100	20% up to \$250
NMSL10-35-60-250D	\$10	\$35	\$60	\$250	20% up to \$250
MAC A					
MASL10-10-DR	\$10	\$10	Member pays 100% at HN discounted rate	No	20% up to \$250
MASL10-20%-DR	The greater of \$10 or 20%	The greater of \$10 or 20%	Member pays 100% at HN discounted rate	No	20% up to \$250
MASL15-50%-DR	The greater of \$15 or 50%	The greater of \$15 or 50%	Member pays 100% at HN discounted rate	No	20% up to \$250
MASL25-50%-DR	\$25	50%	Member pays 100% at HN discounted rate	No	50%
PPO HDHP Rx⁵ (No MAC)					
HD80	20%	20%	20%	Yes	20%

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

²The 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.

³Coinsurance is subject to the annual deductible.

⁴Deductible is waived.

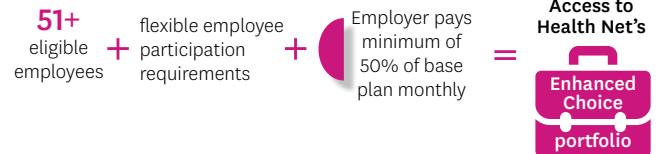
⁵All benefits including office visit copay, pharmacy, and alternative care are after deductible.

⁶All copayments accumulate to the medical out-of-pocket maximum.

⁷In- and out-of-network visits combined.

⁸Prescription 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. 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 www.healthnetoregon.com to view the Oregon Essential RX Drug List.

Enhanced Choice 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 Packages

WE INVITE YOU TO CHOOSE

With Enhanced Choice, your clients have the option to offer multiple plans to their employees. They can mix and match our plan offerings to provide more network and benefit design choices! Our Enhanced Choice solution offers flexible, cost-saving choices that include:

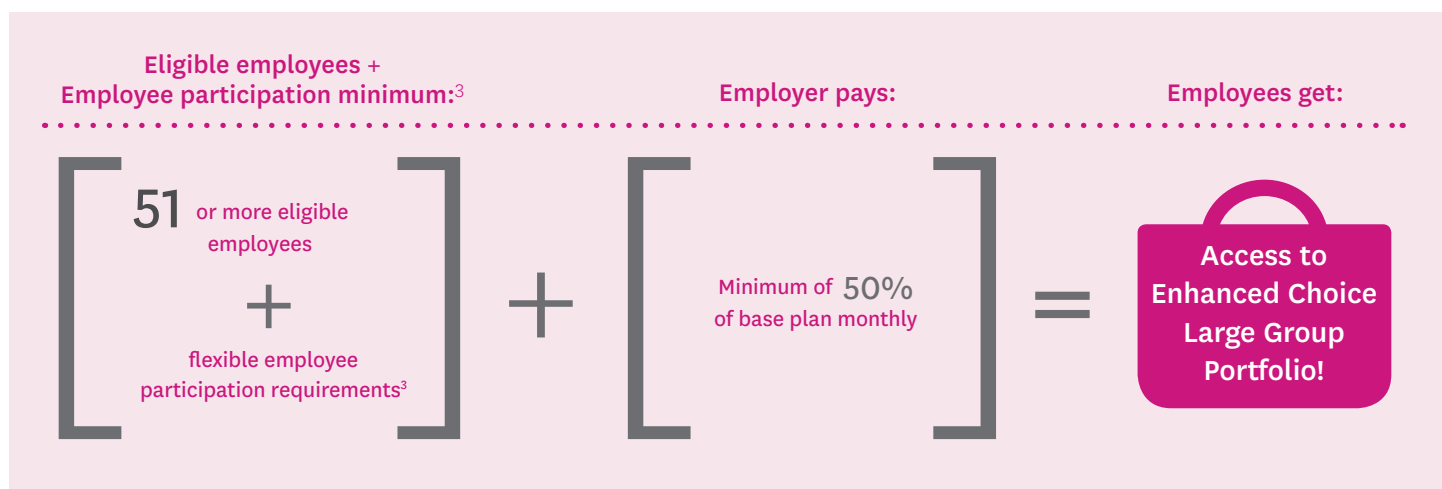
- A competitive, **defined contribution** arrangement for financial flexibility.
- **Broad employee choice** – offering employees the potential to choose from a variety of plan options that you select.
- The ability to tie your contribution rate to the lowest-priced plan option.
- Less administrative 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 **up to four plans** from the portfolio.^{1,2}
- 4 Employees then enroll in the plan they want from the options your clients offer.

How it works






¹Groups with prior coverage can choose up to four plans maximum.

²Virgin groups are subject to a maximum of two plans with a minimum deductible of \$1,000. Essentials First Dollar PPO not available until the second year of coverage.

³Refer to the disclaimers in the group's quote or renewal documents for details regarding participation requirements.

Product and Network Details

Medical product or network 	Description 	Service area 
PPO	<p>PPO insurance plans make it possible for employees to get the flexibility they want when it comes to a health care provider.</p> <p>Insureds can go to any doctor or hospital in our PPO Network. They can even see a provider outside of our network.</p> <p>We offer a wide range of traditional PPO plans supported by an extensive medical and pharmacy network.</p>	Statewide PPO Network
HSA-Compatible PPO	<p>Our low-premium, high-deductible PPO plans give employees broad benefits, along with the tax-saving potential of a Health Savings Account (HSA).</p> <p>These smart plans are an effective way for clients to take a consumer-directed health care approach to the way they offer benefits.</p>	Statewide PPO Network

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.

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. These plans 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.

Find Health Net's vision providers by visiting:

Health Net Vision: **eyemedvisioncare.com**



Alternative Care

Alternative care benefits are included in all medical plans

Health Net has teamed up with American Specialty Health Group, Inc. (ASH Group) to offer quality benefits for acupuncture, chiropractic, therapeutic massage, and naturopathic care⁴ on all of our medical plans.

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.

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.

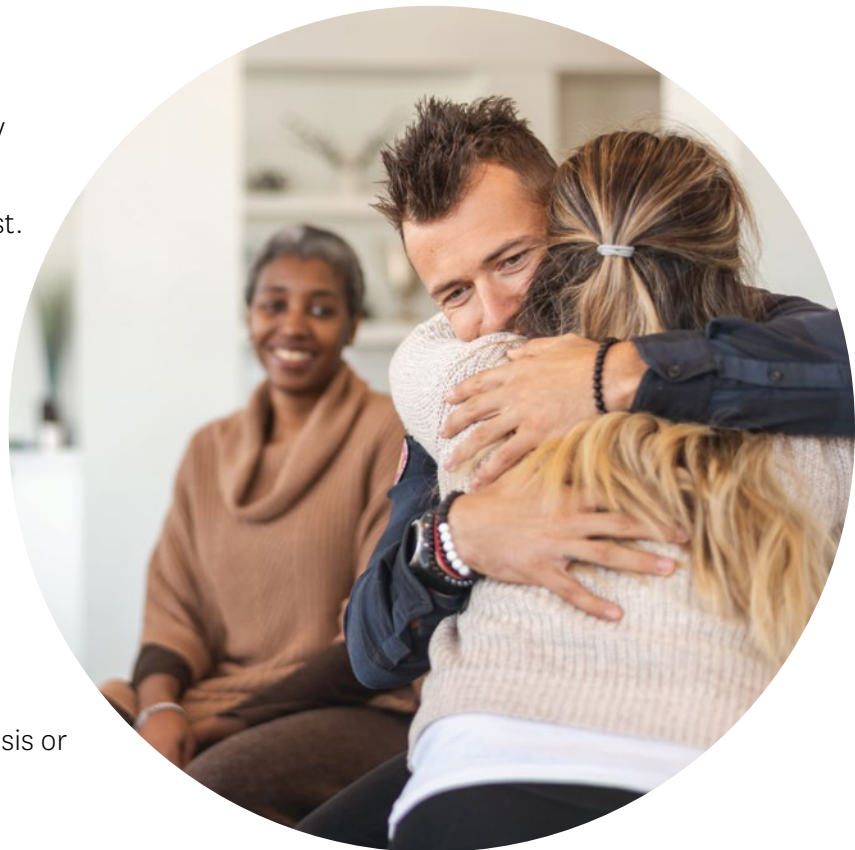
How do I get help?

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 availability⁵

Members do not need approval for outpatient appointments. They can refer to their plan contract for details on mental health and substance use treatment services.



⁴Only chiropractic, acupuncture and naturopath benefits available on Oregon State Standard Plans.

⁵Upon 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 Telemedicine⁶

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.



⁶\$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** 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**.



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 you to rewire your brain so you can develop new eating habits. This could lead to weight loss and help you to maintain your ideal weight, with less stress and effort.



Active&Fit Direct™ program

The Active&Fit Direct program⁷ 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.

⁷Members/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.

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

View and download broker sales materials:

Go to healthnetoregon.com/broker > *Forms & Brochures* > *Large Business Groups*

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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