Oregon Small Group Portfolio[1]

health net

2026

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	Urgent care	Pharmacy[5]
PPO											
Platinum P10-250-1-3500DX PD	$250 / $500	$3,500 / $7,000	$10 / $20	10%	$10	10%	10%	5% / 10%	10%	$20	$10 / $30 / $60 / 50%
Platinum P10-500-1-3500DX PD	$500 / $1000	$3,500 / $7,000	$10 / $20	10%	$10	10%	10%	5% / 10%	10%	$20	$10 / $30 / $60 / 50%
Platinum P10-750-1-3500DX PD	$750 / $1,500	$3,500 / $7,000	$10 / $20	10%	$10	10%	10%	5% / 10%	10%	$20	$10 / $30 / $60 / 50%
Gold P25-500-2-8750DX PD	$500 / $1,000	$8,750 / $17,500	$25 / $50	20%	$25	20%	20%	10% / 20%	20%	$50	$15 / $45 / $90 / 50%
Gold P15-1000-2-8750DX PD	$1,000 / $2,000	$8,750 / $17,500	$15 / $30	20%	$25	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P15-1500-2-8750DX PD	$1,500 / $3,000	$8,750 / $17,500	$15 / $30	20%	$25	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P25-2000-2-7000DX PD	$2,000 / $4,000	$7,000 / $14,000	$25 / $50	20%	$25	20%	20%	10% / 20%	20%	$50	$15 / $45 / $90 / 50%
Gold P15-2000-2-8750DX PD	$2,000 / $4,000	$8,750 / $17,500	$15 / $30	20%	$25	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P15-2500-2-8750DX PD	$2,500 / $5,000	$8,750 / $17,500	$15 / $30	20%	$25	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P15-3000-2-8750DX PD	$3,000 / $6,000	$8,750 / $17,500	$15 / $30	20%	$25	20%	20%	10% / 20%	20%	$30	$10 / $45 / $90 / 50%
Silver P40-3000-3-9200ES PD	$3,000 / $6,000	$9,200 / $18,400	$40 / $80	30%	30%	30%	30%	20% / 30%	30%	$80	$25 / $50 / 50% / 50%
Silver P35-4500-3-9200ES PD	$4,500 / $9,000	$9,200 / $18,400	$35 / $70	30%	30%	30%	30%	20% / 30%	30%	$70	$25 / $50 / 50% / 50%
Silver P40-6000-3-9200ES PD	$6,000 / $12,000	$9,200 / $18,400	$40 / $80	30%	30%	30%	30%	20% / 30%	30%	$80	$25 / $50 / 50% / 50%
Bronze P8250-0-8250ES PD	$8,250 / $16,500	$8,250 / $16,500	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
High Deductible PPO (HSA qualified plans) all benefits subject to deductible[6]											
Silver HD3400-3-6750 PD	$3,400 / $6,800	$6,750 / $13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after deductible / 30% after deductible / 50% after deductible
Silver HD4000-3-6750 PD	$4,000 / $8,000	$6,750 / $13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after deductible / 30% after deductible / 50% after deductible
Bronze HD7100-0-7100 PD	$7,100 / $14,200	$7,100 / $14,200	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
Health Net Oregon Standard PPO Plans											
Silver Standard Plan	$6,100 / $12,200	$9,200 / $18,400	$40 / $100	30% / 50%	30%	30%	30%	30% / 30%	30%	$70	$15 / $60 / 50% / 50%
Bronze Standard Plan	$9,200 / $18,400	$9,200 / $18,400	$50 / $150	0% / 50%	0%	0%	0%	0% / 0%	0%	$100	Integrated medical deductible $25 / 0% / 0% / 0%

Alternative Care plans (All medical plans include alternative care benefits.) [7,8]

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

(continued)

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Dental plans

Dental[9]	Member pays					
	Deductible (single / family)	Calendar year maximum	Coinsurance (preventive & diagnostics / basic / major / ortho)	Cleanings	Exams	X-rays
Plus D25-1855-2000	$25 / $75	$2,000	0% / 20% / 50% / 50%	0%	0%	0%
Plus D50-185-1000	$50 / $150	$1,000	0% / 20% / 50% / Not covered	0%	0%	0%
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

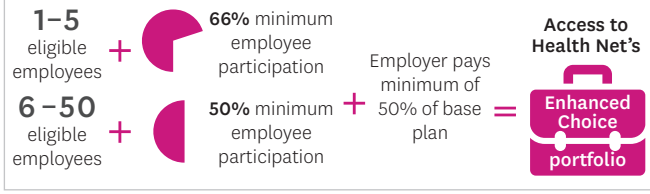
Vision[9]	Member pays			
	Exam	Frame allowance	Lenses (single / bifocal / trifocal / progressive)	Frequency (months) (examination / lenses or contact lenses / frames)
Elite 1010-1	$10	$150	$10 / $10 / $10 / $75	12 / 12 / 12
Preferred 1025-2	$10	$100	$25 / $25 / $25 / $90	12 / 12 / 24
Preferred 1025-3	$10	$100	$25 / $25 / $25 / $90	12 / 24 / 24

[1]All medical plans include pediatric vision coverage. Pediatric dental coverage is included with all medical plans, with the exception of the Health Net Oregon Standard PPO plans. Pediatric dental coverage is included with all medical plans, with the exception of Health Net Oregon Standard PPO 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.

Participation guidelines



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

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

[8]Only chiropractic, naturopath, and acupuncture benefits available on Health Net Oregon Standard PPO plans. Please reference the plan Contract and Evidence of Coverage (EOC) for description of Health Net Oregon Standard PPO plans Coverage Benefits and Limitations.

[9]Not available for purchase alongside the Health Net Oregon Standard PPO plans.

This brochure is intended to be used for marketing purposes only and presents general information. Please refer to the Benefit Schedule and Agreement for details, limitations, exclusions, and other terms and conditions of coverage.

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