

Plan Overview

COMMUNITYCARE HIGH DEDUCTIBLE HDECC3T25-3000-3-6600 & HDECC3T25-6000-3-13200

All services are subject to the deductible, unless noted otherwise.

| Benefit Description | You Pay | | |
|---|---|---|--|
| | COMMUNITYCARE PROVIDER (LEVEL 1) | OTHER PARTICIPATING PROVIDER (LEVEL 2) | NONPARTICIPATING PROVIDER (LEVEL 3) |
| Deductible per calendar year | \$3,000 individual / \$6,000 family | | |
| Out-of-pocket maximum (includes deductible) | \$6,600 individual / \$13,200 family | | |
| Preventive care Preventive health exams, colonoscopy (age 50+), routine immunizations, gynecological exam and pap, mammograms, PSA screening, tobacco cessation | 0% copay (deductible waived) | 0% copay (deductible waived) | 50% MAA |
| Office visits Physician - includes family practice, naturopath, pediatrics, internal medicine, general practice, obstetrics/gynecology Specialist physician - providers in specialties other than those listed above Allergy and therapeutic injections | \$25 copay/visit, after deductible \$65 copay/visit, after deductible 30% of contract rate | 50% of contract rate 50% of contract rate 50% of contract rate | 50% MAA 50% MAA 50% MAA |
| Telemedical services | 0% of contract rate | 50% of contract rate | 50% MAA |
| Diagnostic services Diagnostic lab and X-ray, EKG, ultrasound Advanced diagnostic imaging, CT, MRI, PET, EEG, Holter monitor/ stress test | 30% of contract rate 30% of contract rate | 50% of contract rate 50% of contract rate | 50% MAA 50% MAA |
| Maternity services Maternity delivery care (professional services only) Inpatient hospital services | 30% of contract rate 30% of contract rate | 50% of contract rate 50% of contract rate | 50% MAA 50% MAA |
| Emergency and urgent care services Urgent care physician services Emergency room services Ambulance services - ground and air | \$65 copay/visit, after deductible \$250 copay/visit, then 30% of contracted rate, after deductible 30% | \$65 copay/visit, after deductible \$250 copay/visit, then 30% of contracted rate, after deductible 30% | \$65 copay/visit, after deductible \$250 copay/visit, then 30%, after deductible 30% |
| Hospital services Inpatient hospital Inpatient rehabilitative services (physical, occupational, and speech therapy) - limit max 30 days per year Skilled nursing facility - limit max 60 days per year | 30% of contract rate 30% of contract rate 30% of contract rate | 50% of contract rate 50% of contract rate 50% of contract rate | 50% MAA 50% MAA 50% MAA |
| Outpatient services Surgery, infusion, dialysis, chemotherapy, radiation therapy Surgery at hospital based facility Surgery at ambulatory surgical center (ASC) Rehabilitative services - limit max 30 days per year | 30% of contract rate 30% of contract rate 20% of contract rate 30% of contract rate | 50% of contract rate 50% of contract rate 40% of contract rate 50% of contract rate | 50% MAA 50% MAA 50% MAA 50% MAA |
| Medical equipment and supplies Durable medical equipment, prosthetics, orthotics, diabetes supplies, oral sleep apnea appliance Medical supplies, including allergy serum and injected substances | 30% of contract rate 30% of contract rate | 50% of contract rate 50% of contract rate | 50% MAA 50% MAA |

(continued)

| Benefit Description | You Pay | | |
|--|------------------------------------|--|-------------------------------------|
| | COMMUNITYCARE PROVIDER (LEVEL 1) | OTHER PARTICIPATING PROVIDER (LEVEL 2) | NONPARTICIPATING PROVIDER (LEVEL 3) |
| Home health and hospice | | | |
| Home health care | 30% of contract rate | 50% of contract rate | 50% MAA |
| Hospice services | 30% of contract rate | 50% of contract rate | 50% MAA |
| Behavioral health - mental health/chemical dependency | | | |
| Physician services - office visit | \$25 copay/visit, after deductible | Not applicable at level 2 | 50% MAA |
| Inpatient and residential services | 30% of contract rate | | 50% MAA |

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

Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse and child(ren). Family coverage includes the per person deductible. Under family coverage, each member's covered expenses count toward the family's deductible.

The annual out-of-pocket maximum includes your annual deductible, copayments and coinsurance. After you reach the out-of-pocket maximum in a calendar year, we will pay your 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. You are still responsible for OON-billed charges that exceed MAA.

For naturopathic care, call American Specialty Health, Inc. (ASH) at 1-800-678-9133.

Telemedical services include coverage provided by Teladoc. Teladoc provides supplemental telehealth services in addition to the mandated telemedicine services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician. Teladoc consultation services do not cover specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.

If a newborn patient requires admission to an intermediate or intensive care nursery, the deductible and coinsurance for these services will accumulate under the newborn's coverage, not under the mother's coverage.

The outpatient emergency room copay is waived if admitted.

Certain services require prior authorization or must be performed by a specialty care provider.

Behavioral Health benefits are administered by MHN. For mental health or chemical dependency services, call MHN at 1-800-977-8216.

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

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Health Net Pharmacy Benefits

NMSLHD70 (NO MAC)

The following is a brief description of your Health Net Pharmacy benefits.

| Benefit level | In pharmacy (per fill, up to a 30-day supply) ¹ | Mail order (per fill, up to a 90-day supply) |
|--|--|--|
| Tier 1 | 30% | 30% |
| Tier 2 | 30% | 30% |
| Tier 3 | 30% | 30% |
| Specialty pharmacy | 30% | Mail order not available |
| Orally administered anticancer medications | 30% | Mail order not available |
| Preventive pharmacy Tobacco cessation and women's contraception methods | No copay and/or coinsurance | No copay and/or coinsurance |
| Out-of-pocket maximum per calendar year | Combined Medical & Rx out-of-pocket maximum | |

¹If certain requirements are met, you may be eligible for a 90-day supply when filled in a pharmacy (with three times the retail copay).

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. For complete information, visit www.healthnetoregon.com/pharmacy.

Essentials Drug List

A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Drug List (EDL). To view the current EDL, go to www.healthnetoregon.com/druglist.

Specialty Pharmacy

Certain drugs identified on the Essential Drug List are classified as Specialty Pharmacy drugs under your plan. Specialty Pharmacy drugs are high cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and having significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.

Preventive Pharmacy

Preventive Pharmacy medications require a prescription and are limited to prescription drugs and over-the-counter medications that are determined to be preventive. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug with no generic class drug available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

(continued)



Questions?

Visit us online at healthnetoregon.com

Coverage for every stage of life™

Women's Contraception

Generic class Food and Drug Administration (FDA) approved contraceptive methods, patient education and counseling for all women with reproductive capacity are covered. FDA approved, over-the-counter contraceptive methods for women require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

Tobacco Cessation

Food and Drug Administration (FDA) approved prescription drugs classified as smoking cessation medications

are covered when dispensed by a participating provider pharmacy. FDA approved, over-the-counter tobacco cessation medications require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

Participating Pharmacies

A participating provider pharmacy must be used when filling all prescriptions under your plan. The plan does not cover prescriptions filled at a non-participating pharmacy.

What if I am on medication that was covered by my previous health insurance?

Under the Continuity of Care Policy, within the first 90 days of Health Net coverage, you will receive authorization for any existing medication requiring prior authorization that was covered under your previous health insurance company. The health plan will require verification that the medication was covered by the previous insurance company. This policy excludes the following: injectables, compounded medications, pharmacy benefit exclusions, and overrides on quantity or dosage limits.

This is a brief description of your Health Net Pharmacy benefits and is intended for marketing purposes only and presents general information. Please refer to your Prescription Supplemental Benefit Schedule to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.

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Alternative Care Services: Acupuncture, Chiropractic, Therapeutic Massage, and Naturopathic Care



For Additional Information

Contact ASH at
1-800-678-9133

CAM 15-1000

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.

Although you're always welcome to consult your primary care physician, you won't need a referral to see a participating provider. With this program, you're free to obtain care by self-referring to a participating provider.

PLANS OFFERED

| | | | | |
|--|--|--|--|--|
| | <p>Acupuncture Care <i>Office Visit Copayment</i></p> | <p>\$15 In-network</p> | <p>Not covered Out-of-network</p> | <p>\$1,000 Yearly maximum</p> |
| | <p>Chiropractic Care <i>Office Visit Copayment</i></p> | <p>\$15 In-network</p> | <p>Not covered Out-of-network</p> | <p>Unlimited Yearly maximum</p> |
| | <p>Therapeutic Massage Care <i>Office Visit Copayment</i></p> | <p>\$25 In-network</p> | <p>Not covered Out-of-network</p> | <p>18 Visits Yearly maximum</p> |
| | <p>Naturopathic Care <i>Office Visit Copayment</i></p> | <p>Office visits are covered at the PCP copay under your medical plan.</p> | | |

(continued)



What's Covered?

- Initial examination, subsequent office visits and re-examination are included in this benefit.
- All services, except for the initial exam, must be medically necessary, and may be subject to medical necessity verification. Your provider will obtain any needed verification.
- A \$50 annual chiropractic allowance is also available to purchase medically necessary items such as: supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts, or home traction units.



Covered Conditions

ACUPUNCTURE CARE

- Headache (e.g., tension-type headache, migraine headache)
- Hip or knee joint pain associated with osteoarthritis (OA)
- Other extremity joint pain (e.g., tennis elbow, carpal tunnel syndrome, shoulder pain, etc.)

- Other pain syndromes involving the joints and associated soft tissues
- Musculoskeletal neck and back pain
- Nausea associated with pregnancy, post-surgical recovery or chemotherapy

CHIROPRACTIC CARE

- Musculoskeletal and related conditions, including conditions such as:
 - Sprain/strain injuries to the spine and extremities
 - Muscular and ligamentous injuries, joint injuries, cartilaginous and meniscus injuries
 - Fibromyalgia/myofascial pain
 - Extremity pain/bursitis/tennis elbow/carpal tunnel syndrome
 - Intervertebral disc injuries/disorders
 - Muscular spasms and myalgias
 - Inflammatory disorders: tendonitis, synovitis, tenosynovitis, myositis, capsulitis, etc.
 - Entrapment/compressive syndromes: carpal tunnel, tarsal tunnel, etc.
 - Degenerative joint diseases/arthropathies: osteoarthritis/osteoarthrosis, degenerative disc disease, enthesopathies, etc.

- Neurological conditions: radicular symptoms, sciatic, cervical/lumbar radiculopathies, nerve plexus injuries, etc.
- Headaches
- Local pain syndromes

THERAPEUTIC MASSAGE CARE

- Myofascial/musculoskeletal disorders and functional disorders such as:
 - Sprain/strain injuries to the spine and extremities
 - Muscular spasms and myalgias
 - Fibromyalgia/myofascial pain
 - Extremity pain/bursitis/tennis elbow/carpal tunnel syndrome
 - Local pain syndromes

NATUROPATHIC CARE

- Naturopaths can treat a wide variety of health conditions, diseases or illnesses using a system of practice that bases the treatment on natural laws governing the body using physiotherapy, mechanotherapy or natural modalities.

Nondiscrimination Notice

Health Net Health Plan of Oregon, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

HEALTH NET

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-888-802-7001 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call 1-888-802-7001 (TTY: 711).

Amharic

ለቋንቋ አገልግሎት ምንም ክፍያ የለውም። አስተርጓሚ ማግኘት ይቻላል። የተነበበልዎትን እና የተወሰኑ በቋንቋዎ የተላኩልዎትን ሰነዶች ማግኘት ይቻላል። ለእርዳታ፣ ለደንበኞች ግንኙነት ማዕከል በምታወቁያ ካርድዎ ላይ ያለውን ቁጥር ይደውሉ ወይም በ 1-888-802-7001 (TTY: 711) ይደውሉ።

Arabic

الخدمات اللغوية المجانية. يمكنك الاستعانة بمترجم فوري، كما يمكنك طلب قراءة المستندات عليك وإرسال بعض منها إليك بلغتك. للحصول على المساعدة، يمكنك الاتصال بمركز اتصالات العملاء على الرقم الموجود على بطاقة معرف العضوية الخاصة بك أو الاتصال على 1-888-802-7001 (TTY: 711).

Chinese

免費語言服務。您可以取得口譯服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。如需協助，請撥打會員卡上的電話號碼聯絡客戶聯絡中心，或撥打電話 1-888-802-7001 (聽障專線 (TTY) : 711)。

Cushite (Oromo)

Tajajjila afaaniif kaffaltii hin qabu. Turjubaana argachuu ni dandeessu. Sanadii isiniif dubbifamee fi afaan keessaniin muraasaan isniif ergame argachuu ni dandeessu. Gargaarsaaf, Wiirtuu Qunnamtii Maamilaa tiif lakkoofsicha kaardii enyummaa keessan irra jirutti bilbilaa ykn 1-888-802-7001 (TTY: 711) itti bilbilaa.

German

Es stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Sie können einen Dolmetscher hinzuziehen. Die Dokumente können Ihnen vorgelesen werden und einige sind in Ihrer Muttersprache erhältlich. Für Unterstützung rufen Sie bitte unser Kundendienstzentrum unter der auf Ihrer Versicherungskarte angegebenen Nummer oder unter der Rufnummer 1-888-802-7001 (TTY: 711) an.

Japanese

無料の言語支援サービス。通訳をご利用いただけます。日本語で文書を読み上げたり、文書によっては日本語版をお届けすることも可能です。支援をご希望の方は、IDカードに記載の番号にてカスタマーコンタクトセンターまでお電話いただくか、1-888-802-7001 (TTY: 711)までお電話ください。

Korean

무료 언어 서비스. 귀하는 통역사를 이용하실 수 있습니다. 귀하에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 받으시려면 본인의 ID 카드에 기재된 고객 서비스 센터 안내번호 또는 1-888-802-7001 (TTY: 711)번으로 전화해 주십시오.

Cambodian (Khmer)

សេវាកម្មភាសាខ្មែរឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែឯកសារ និងអ្នកអានឯកសារសម្រាប់អ្នក និងស្នើសុំឯកសារខ្លះៗសម្រាប់អ្នក ជាភាសាសំខាន់ៗរបស់អ្នក។ សំរាប់ជំនួយ ទូរស័ព្ទទៅមជ្ឈមណ្ឌលទំនាក់ទំនងអភិវឌ្ឍន៍ តាមលេខនៅលើ ID របស់អ្នក ឬហៅលេខ 1-888-802-7001 (TTY: 711)។

Laotian

ການບໍລິການດ້ານພາສາທີ່ບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍນາຍແປພາສາ. ທ່ານສາມາດອ່ານເອກະສານ ແລະ ຈຳນວນໜຶ່ງໄດ້ຮັ່ງໃຫ້ທ່ານເປັນພາສາຂອງທ່ານແລ້ວ. ເພື່ອຂໍຄວາມ ຊ່ວຍເຫຼືອ, ໂທຫາສູນຕິດຕໍ່ລູກຄ້າໄດ້ທີ່ເລກໜາຍຢູ່ເທິງບັດ ID ຂອງທ່ານ ຫຼື ໂທ 1-888-802-7001 (TTY: 711).

Punjabi

ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਲਈ ਕੋਈ ਲਾਗਤ ਨਹੀਂ। ਤੁਸੀਂ ਦੁਬਾਰੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਦਸਤਾਵੇਜ਼ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ID ਕਾਰਡ 'ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-802-7001 (TTY: 711)।

Russian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть документы на русском языке и выслать переводы некоторых из них. Если вам требуется помощь, звоните в Центр обслуживания клиентов по номеру, указанному на вашей идентификационной карте, или по номеру 1-888-802-7001 (линия TTY: 711).

Spanish

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llame al Centro de Comunicación con el Cliente al número que se encuentra en su tarjeta de identificación o llame al 1-888-802-7001 (TTY: 711).

Tagalog

Mga Walang Bayad na Serbisyo sa Wika. Maaari kayong kumuha ng tagasaling-wika (interpreter). Maaaring basahin sa inyo ang mga dokumento at ipadala sa inyo ang ilan nang nakasalin sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numero sa inyong ID card o tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian

Безкоштовні послуги перекладу. Ви можете скористатися послугами перекладача. Вам можуть прочитати документи на українській мові та надіслати переклади деяких із них. Якщо вам потрібна допомога, телефонуйте у Центр обслуговування клієнтів за номером, вказаним на вашій ідентифікаційній карті, або за номером 1-888-802-7001 (лінія TTY: 711).

Vietnamese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể yêu cầu phiên dịch viên. Quý vị có thể yêu cầu đọc các tài liệu và gửi một số tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi đến Trung tâm Liên lạc Hội viên theo số điện thoại trên thẻ nhận dạng của quý vị hoặc gọi đến số 1-888-802-7001 (TTY: 711).