

Plan Overview

COMMUNITYCARE HIGH DEDUCTIBLE HDECC3T35-5000-2-6600 & HDECC3T35-10000-2-13200

YOU CAN USE THIS MATRIX TO HELP COMPARE COVERAGE BENEFITS. THIS MATRIX PRESENTS A HIGH-LEVEL SUMMARY. FOR A MORE DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS, REVIEW THE PLAN CONTRACT AND EVIDENCE OF COVERAGE (EOC).

The copayment amounts are the fees members will be charged for covered services received. Health Net and the contracted provider have agreed to the copayment amounts. Copayments can be a fixed-dollar amount or a percentage of Health Net's cost for the service or supply. You may also see percentage copayments referred to as coinsurance. Members pay fixed-dollar copayments when they receive the service. The provider will usually bill members for percentage copayments after the service is received. 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)
Network			
Deductible – single / family	\$5,000 / \$10,000		
Out-of-pocket maximum – single / family (includes deductible)	\$6,600 / \$13,200		
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)	40% 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	\$35 copay/visit, after deductible \$75 copay/visit, after deductible 20% of contract rate	40% of contract rate 40% of contract rate 40% of contract rate	40% MAA 40% MAA 40% MAA
Telemedical services	0% of contract rate	40% of contract rate	40% MAA
Diagnostic services Diagnostic lab and X-ray, EKG, ultrasound Advanced diagnostic imaging, CT, MRI, PET, EEG, Holter monitor/ stress test	20% of contract rate 20% of contract rate	40% of contract rate 40% of contract rate	40% MAA 40% MAA
Maternity services Maternity delivery care (professional services only) Inpatient hospital services	20% of contract rate 20% of contract rate	40% of contract rate 40% of contract rate	40% MAA 40% MAA
Emergency and urgent care services Urgent care physician services Emergency room services Ambulance services - ground and air	\$75 copay/visit, after deductible \$250 copay/visit, then 20% of contracted rate, after deductible 20%	\$75 copay/visit, after deductible \$250 copay/visit, then 20% of contracted rate, after deductible 20%	\$75 copay/visit, after deductible \$250 copay/visit, then 20%, after deductible 20%
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	20% of contract rate 20% of contract rate 20% of contract rate	40% of contract rate 40% of contract rate 40% of contract rate	40% MAA 40% MAA 40% MAA

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Benefit description	You pay		
	CommunityCare provider (Level 1)	Other participating provider (Level 2)	Nonparticipating provider (Level 3)
Network			
Outpatient services			
Surgery, infusion, dialysis, chemotherapy, radiation therapy	20% of contract rate	40% of contract rate	40% MAA
Surgery at hospital-based facility	20% of contract rate	40% of contract rate	40% MAA
Surgery at ambulatory surgical center (ASC)	10% of contract rate	30% of contract rate	40% MAA
Rehabilitative services - limit max 30 days per year	20% of contract rate	40% of contract rate	40% MAA
Medical equipment and supplies			
Durable medical equipment, prosthetics, orthotics, diabetes supplies, oral sleep apnea appliance	20% of contract rate	40% of contract rate	40% MAA
Medical supplies, including allergy serum and injected substances	20% of contract rate	40% of contract rate	40% MAA
Home health and hospice			
Home health care	20% of contract rate	40% of contract rate	40% MAA
Hospice services	20% of contract rate	40% of contract rate	40% MAA
Behavioral health - mental health/chemical dependency			
Physician services - office visit	\$35 copay/visit, after deductible	Not applicable at level 2	40% MAA
Inpatient and residential services	20% of contract rate		40% 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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Pharmacy NMSLHD80

FOR HEALTH NET MEMBERS

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

Benefits level	Plan benefits (deductible applies)	
	In pharmacy (per fill, up to a 30-day supply) ¹	Mail order (per fill, up to a 90-day supply)
Tier 1	20%	20%
Tier 2	20%	20%
Tier 3	20%	20%
Specialty pharmacy	20%	Mail order not available
Orally administered anticancer medications	20%	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 and Rx out-of-pocket maximum	

¹ If 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 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 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.

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Questions?
Call Health Net at
1-888-802-7001

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.

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 a 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 Base Plan

FOR HEALTH NET MEMBERS

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. Providers can be found online at ashlink.com/ash/hnetorcom or by calling 1-800-678-9133.

Benefits description	Plan benefits		
	In-network member pays	Out-of-network member pays	Yearly maximum
Acupuncture care	\$15	Not covered	24 visits
Chiropractic care	\$15	Not covered	Unlimited
Therapeutic massage care	\$25	Not covered	18 visits
Naturopathic care	Office visits are covered at the PCP copay under your medical plan.		Unlimited

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.



Questions?
Call ASH at
1-800-678-9133

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Covered conditions

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.

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.