

# Broker Portfolio *Guide*

*Health Net Small Group plans – the intersection of perfect-fit coverage and price*

**Effective January 1, 2019  
Renewals and New Business**



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Our commitment to Small Group continues in 2019 with even more health care options to help you satisfy clients and boost your business. We're expanding our product line with an additional PPO Gold plan. Plus, all plans now come complete with pediatric dental and vision and with an Active&Fit option – member access to a national network of fitness facilities – so employees can be their healthiest. With our focus on your future, Health Net continues to combine right-size solutions and industry-leading support to help your Washington business flourish.

# Speeding up Sales *with the* New Sales Web Portal

*Sales Web Portal is here to turbocharge your sales!*

With Sales Web Portal, you're on the fast track.

- Generate quotes fast – minimal information needed.
- View, compare and quote a full range of health benefits, including Medical and Dental, giving you the power to cross-sell and expand your business.
- Easily upload your census directly into our quoting tool.

Come to the Broker Hub – [www.healthnet.com/thehub](http://www.healthnet.com/thehub) – to 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. Then:

1. From the menu bar: Click on *Sales Tools and Quoting*.
2. Under Small Business Groups: Click on *SBG New Business Quotes & Proposals*.

Sales Web Portal is designed to make it faster and easier to do what you do best – sell optimal health plan solutions that fit your clients and keep them satisfied.



# Simplifying Renewals *for You*

<i>Key dates</i>	
<b>90 days ahead</b> of renewal date	<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 mail if there are plan closures.</li> </ul>
<b>6 weeks</b> in advance of renewal date	Last date to submit plan changes to ensure accurate processing and billing. <b>Example:</b> October 20 for a December renewal.
<b>8 weeks</b> in advance of renewal date	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</b> before the renewal month	Bill processing begins and runs through the 17th. <b>Example:</b> November 4 for a December renewal.
<b>1st of the renewal month</b>	<i>Summary of Benefits and Coverage</i> documents available at <a href="http://www.healthnet.com/sbc">www.healthnet.com/sbc</a> . Note that SBCs no longer mail with the renewals.

## *Renewal checklist*

Speed up renewals and be your clients' superhero. We're here to help.

- ✓ **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:

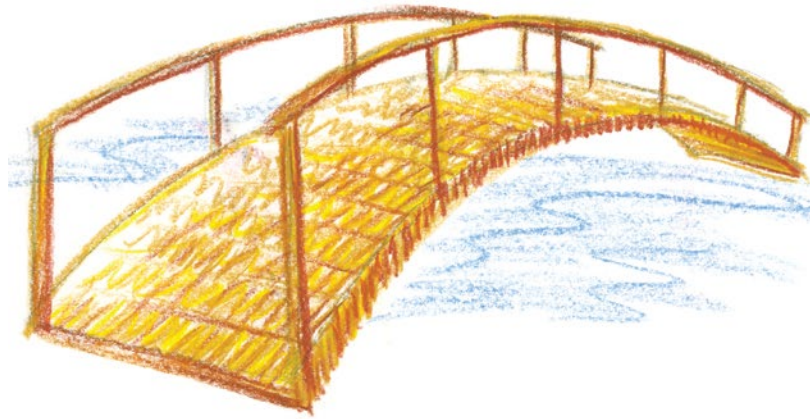
- Is the form accurate and complete?
- Has the employer signed the form?
- Have you sent enrollment forms for any new employee or dependent additions to Health Net for processing?

- ✓ **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!

### **Good to know!**

For plan changes received after the 6-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.



# Small Group Plans *for* 2019

*Simplified. Sustainable. Small business-focused.*

# 2019 Portfolio Highlights

Health Net brings a streamlined, fine-tuned collection of plan designs that work for small businesses here in Washington. Among the highlights:

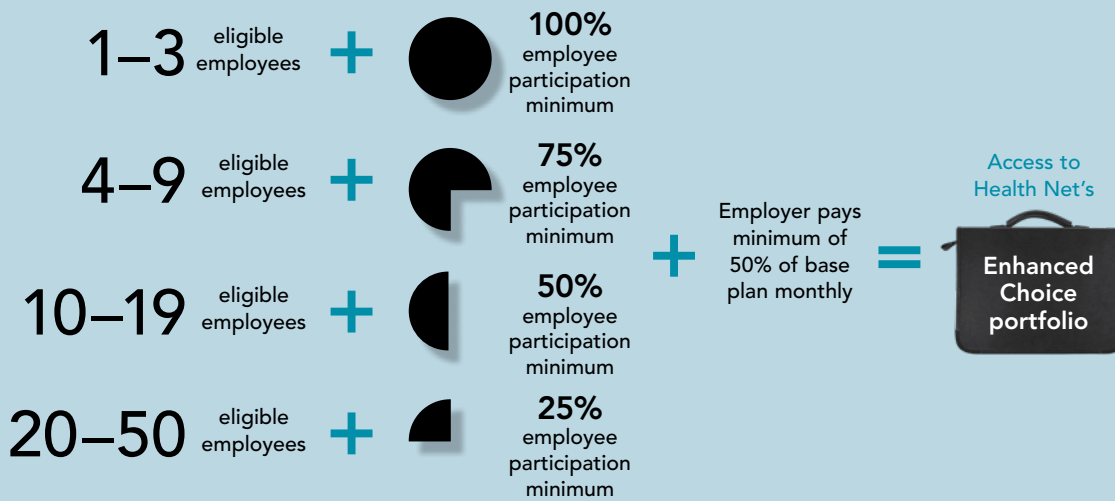
- **Our PPO plans offer a wide range of deductible options.**
  - **Pediatric vision and dental coverage.** All of our Health Net medical plans include pediatric vision and dental coverage. See pages 18 and 19 for more details. Federal law requires that dependents under 19 years of age must have pediatric vision and pediatric dental coverage.
  - **Adult dental coverage.** Employers can pair their Health Net PPO plan with a Health Net dental plan, which makes promoting dental health easier. Adult dental coverage is available to members ages 19 and up.
  - **Prescription drug coverage.** Every Health Net medical plan automatically includes drug coverage for generic, brand and non-preferred drugs, as well as Specialty Pharmacy drugs. Member pharmacy expenses accumulate to the out-of-pocket maximum, and, in some cases, the deductible applies. You'll want to refer to each plan for coverage specifics.
- A quality provider network**  
Health Net makes it easy for members to access quality providers throughout the state of Washington.
- **First Choice** – This statewide network gives members convenient access to doctors, hospitals and other quality providers close to their home or work.
  - **MHN** – MHN, a Health Net affiliate company, offers mental health and chemical dependency services to members statewide.
  - In Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum counties, Health Net has direct hospital and provider contracts.

## Enhanced Choice gives you options

Health Net invites you to be choosy! With our Enhanced Choice option, you can offer any number or combination of plans to your employees.



### Participation guidelines



### January 2019 plan changes and additions

#### Plans

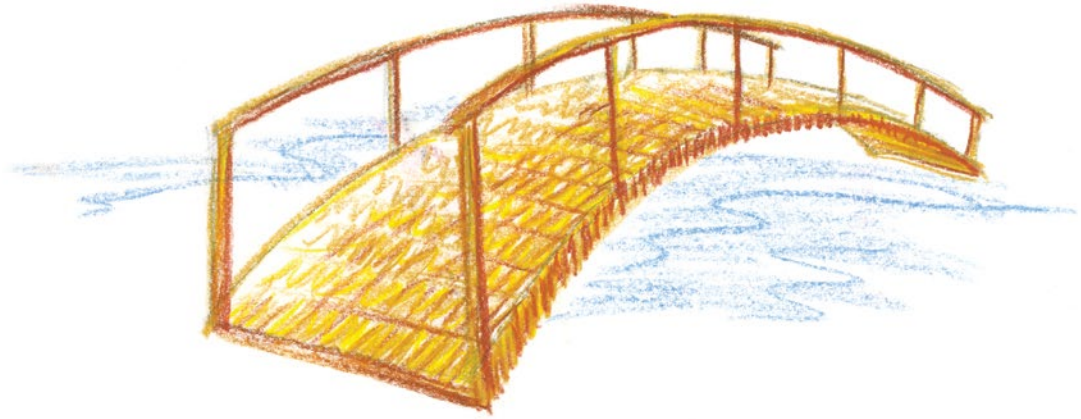
##### PPO

One new plan

- **New!** Gold W40-2500-2-6000DX







# *Plan* Benefit Grids

# PPO Plans

<i>Benefit description</i>	<i>W25-750-2-2500LX</i>		<i>W25-1000-2-3000LX</i>	
Metal level	Platinum		Platinum	
Network	<b>In-network</b>	<b>Out-of-network MAA</b>	<b>In-network</b>	<b>Out-of-network MAA</b>
Deductible – single / family <sup>1</sup>	\$750 / \$1,500	\$3,000 / \$6,000	\$1,000 / \$2,000	\$3,000 / \$6,000
Out-of-pocket maximum – single / family <sup>2</sup>	\$2,500 / \$5,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000
Coinsurance	20%	50%	20%	50%
<b><i>Physician / Professional / Outpatient care</i></b>				
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50%	No charge	50%
Physician office visits – includes family practice, pediatrics, internal medicine, general practice, obstetrics/gynecology	\$25 <sup>3</sup>	50%	\$25 <sup>3</sup>	50%
Specialty physician services – office visits to providers in specialties other than above	\$25 <sup>3</sup>	50%	\$25 <sup>3</sup>	50%
Urgent care – physician services	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>
Physician hospital visits	20%	50%	20%	50%
Diagnostic – X-ray/EKG/ultrasound	20%	50%	20%	50%
Diagnostic – laboratory tests	20%	50%	20%	50%
Deductible waived on lab and X-ray	Yes	No	Yes	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	50%	20%	50%
Deductible waived on imaging	Yes	No	Yes	No
Allergy and therapeutic injections	20%	50%	20%	50%
Maternity delivery care – professional services	20%	50%	20%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	20%	50%	20%	50%
Outpatient surgery at ambulatory surgery center	15%	50%	15%	50%
Outpatient surgery at hospital-based facility	20%	50%	20%	50%
<b><i>Hospital care</i></b>				
Inpatient hospital services <sup>4</sup>	20%	50%	20%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	20%	50%	20%	50%
<b><i>Emergency services</i></b>				
Outpatient emergency room services – copayment waived if admitted; no MAA out-of-network	\$250 + 20% <sup>3</sup>	\$250 + 20% <sup>3</sup>	\$350 + 20% <sup>3</sup>	\$350 + 20% <sup>3</sup>
Inpatient admission from emergency room	20%	50%	20%	50%
Ambulance services – ground and air	20%	20%	20%	20%
<b><i>Behaviorial services – chemical dependency and mental or nervous conditions<sup>5</sup></i></b>				
Physician services – office visit	\$25 <sup>3</sup>	50%	\$25 <sup>3</sup>	50%
Outpatient services	20%	50%	20%	50%
Inpatient services	20%	50%	20%	50%
<b><i>Other services</i></b>				
Durable medical equipment	20%	50%	20%	50%
Diabetes management – one initial program	\$25 <sup>3</sup>	50%	\$25 <sup>3</sup>	50%
Hearing aids	20%	50%	20%	50%
Home health visits	20%	50%	20%	50%
Medical supplies – including allergy serum and injected substances	20%	50%	20%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	20%	50%	20%	50%
Skilled nursing facility care – 60 days per year maximum	20%	50%	20%	50%
Outpatient chemotherapy – non-self-administered anticancer medications and administration	20%	50%	20%	50%
<b><i>Pharmacy<sup>3,7,9</sup></i></b>				
Generic / Brand preferred / Non-preferred	\$10 / \$30 / \$90	Not covered	\$10 / \$30 / \$90	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>	50%	Not covered	50%	Not covered

Footnotes can be found on page 24.

**W40-1500-2-6000DX**

Gold	
In-network	Out-of-network MAA
\$1,500 / \$3,000	\$5,000 / \$10,000
\$6,000 / \$12,000	\$10,000 / \$20,000
20%	50%
No charge	50%
\$40 <sup>3</sup>	50%
\$40 <sup>3</sup>	50%
\$50 <sup>3</sup>	\$50 <sup>3</sup>
20%	50%
20%	50%
20%	50%
Yes	No
20%	50%
No	No
20%	50%
20%	50%
20%	50%
20%	50%
15%	50%
20%	50%
20%	50%
20%	50%
\$500 + 20% <sup>3</sup>	\$500 + 20% <sup>3</sup>
20%	50%
20%	20%
\$40 <sup>3</sup>	50%
20%	50%
20%	50%
20%	50%
\$40 <sup>3</sup>	50%
20%	50%
20%	50%
20%	50%
20%	50%
20%	50%
20%	50%
\$15 / \$45 / \$100	Not covered
50%	Not covered

**W40-2500-2-6000DX**

Gold	
In-network	Out-of-network MAA
\$2,500 / \$5,000	\$5,000 / \$10,000
\$6,000 / \$12,000	\$10,000 / \$20,000
20%	50%
No charge	50%
\$40 <sup>3</sup>	50%
\$40 <sup>3</sup>	50%
\$50 <sup>3</sup>	\$50 <sup>3</sup>
20%	50%
20%	50%
20%	50%
Yes	No
20%	50%
No	No
20%	50%
20%	50%
20%	50%
15%	50%
20%	50%
20%	50%
20%	50%
\$500 + 20% <sup>3</sup>	\$500 + 20% <sup>3</sup>
20%	50%
20%	20%
\$40 <sup>3</sup>	50%
20%	50%
20%	50%
20%	50%
\$40 <sup>3</sup>	50%
20%	50%
20%	50%
20%	50%
20%	50%
20%	50%
20%	50%
\$15 / \$45 / \$100	Not covered
50%	Not covered

**W40-3500-2-7000DX**

Gold	
In-network	Out-of-network MAA
\$3,500 / \$7,000	\$5,000 / \$10,000
\$7,000 / \$14,000	\$10,000 / \$20,000
20%	50%
No charge	50%
\$40 <sup>3</sup>	50%
\$40 <sup>3</sup>	50%
\$50 <sup>3</sup>	\$50 <sup>3</sup>
20%	50%
20%	50%
20%	50%
Yes	No
20%	50%
No	No
20%	50%
20%	50%
20%	50%
15%	50%
20%	50%
20%	50%
20%	50%
\$500 + 20% <sup>3</sup>	\$500 + 20% <sup>3</sup>
20%	50%
20%	20%
\$40 <sup>3</sup>	50%
20%	50%
20%	50%
20%	50%
\$40 <sup>3</sup>	50%
20%	50%
20%	50%
20%	50%
20%	50%
20%	50%
\$15 / \$45 / \$100	Not covered
50%	Not covered

Footnotes can be found on page 24.

# PPO Plans

<i>Benefit description</i>		W45-4500-3-7350ES	
Metal level		Silver	
Network		<b>In-network</b>	<b>Out-of-network MAA</b>
Deductible – single / family <sup>1</sup>		\$4,500 / \$9,000	\$7,000 / \$14,000
Out-of-pocket maximum – single / family <sup>2</sup>		\$7,350 / \$14,700	\$10,000 / \$20,000
Coinsurance		30%	50%
<b><i>Physician / Professional / Outpatient care</i></b>			
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam		No charge	50%
Physician office visits – includes family practice, pediatrics, internal medicine, general practice, obstetrics/gynecology		\$45 <sup>3</sup>	50%
Specialty physician services – office visits to providers in specialties other than above		\$45 <sup>3</sup>	50%
Urgent care – physician services		\$50 <sup>3</sup>	\$50 <sup>3</sup>
Physician hospital visits		30%	50%
Diagnostic – X-ray/EKG/ultrasound		30%	50%
Diagnostic – laboratory tests		30%	50%
Deductible waived on lab and X-ray		No	No
Imaging – CT/MRI/PET/SPECT/EEG		30%	50%
Deductible waived on imaging		No	No
Allergy and therapeutic injections		30%	50%
Maternity delivery care – professional services		30%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum		30%	50%
Outpatient surgery at ambulatory surgery center		25%	50%
Outpatient surgery at hospital-based facility		30%	50%
<b><i>Hospital care</i></b>			
Inpatient hospital services <sup>4</sup>		30%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum		30%	50%
<b><i>Emergency services</i></b>			
Outpatient emergency room services; no MAA out-of-network		30%	30%
Inpatient admission from emergency room		30%	50%
Ambulance services – ground and air		30%	30%
<b><i>Behaviorial services – chemical dependency and mental or nervous conditions<sup>5</sup></i></b>			
Physician services – office visit		\$45 <sup>3</sup>	50%
Outpatient services		30%	50%
Inpatient services		30%	50%
<b><i>Other services</i></b>			
Durable medical equipment		30%	50%
Diabetes management – one initial program		\$45 <sup>3</sup>	50%
Hearing aids		30%	50%
Home health visits		30%	50%
Medical supplies – including allergy serum and injected substances		30%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>		30%	50%
Skilled nursing facility care – 60 days per year maximum		30%	50%
Outpatient chemotherapy – non-self-administered anticancer medications and administration		30%	50%
<b><i>Pharmacy<sup>3,7,9</sup></i></b>			
Generic / Brand preferred / Non-preferred		\$15 / \$40 / 50%	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>		50%	Not covered

Footnotes can be found on page 24.

W55-5500-3-7350ES		W6000-3-7000ES	
Silver		Silver	
In-network	Out-of-network MAA	In-network	Out-of-network MAA
\$5,500 / \$11,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$7,000 / \$14,000
\$7,350 / \$14,700	\$10,000 / \$20,000	\$7,000 / \$14,000	\$10,000 / \$20,000
30%	50%	30%	50%
No charge	50%	No charge	50%
\$55 <sup>3</sup>	50%	30%	50%
\$55 <sup>3</sup>	50%	30%	50%
\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
No	No	No	No
30%	50%	30%	50%
No	No	No	No
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
25%	50%	25%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	30%	\$500 + 30% <sup>3</sup> (copay waived if admitted)	\$500 + 30% <sup>3</sup> (copay waived if admitted)
30%	50%	30%	50%
30%	30%	30%	30%
\$55 <sup>3</sup>	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
\$55 <sup>3</sup>	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
30%	50%	30%	50%
\$15 / \$40 / 50%	Not covered	\$10 / \$20 / \$50	Not covered
50%	Not covered	50%	Not covered

Footnotes can be found on page 24.

# PPO Plans

<i>Benefit description</i>	<b>W75-5000-5-7900ES</b>	
Metal level	Bronze	
Deductible – single / family <sup>1</sup>	\$5,000 / \$10,000	
Out-of-pocket maximum – single / family <sup>2</sup>	\$7,900 / \$15,800	
Network	<b>In-network</b>	<b>Out-of-network MAA</b>
Coinsurance	50%	50%
<i>Physician / Professional / Outpatient care</i>		
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50%
Physician office visits – includes family practice, pediatrics, internal medicine, general practice, obstetrics/gynecology	\$75	50%
Specialty physician services – office visits to providers in specialties other than above	\$75	50%
Urgent care – physician services	50%	50%
Physician hospital visits	50%	50%
Diagnostic – X-ray/EKG/ultrasound	50%	50%
Diagnostic – laboratory tests	50%	50%
Deductible waived on lab and X-ray	No	No
Imaging – CT/MRI/PET/SPECT/EEG	50%	50%
Deductible waived on imaging	No	No
Allergy and therapeutic injections	50%	50%
Maternity delivery care – professional services	50%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	50%	50%
Outpatient surgery at ambulatory surgery center	45%	50%
Outpatient surgery at hospital-based facility	50%	50%
<i>Hospital care</i>		
Inpatient hospital services <sup>4</sup>	50%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	50%	50%
<i>Emergency services</i>		
Outpatient emergency room services; no MAA out-of-network	50%	50%
Inpatient admission from emergency room	50%	50%
Ambulance services – ground and air	50%	50%
<i>Behaviorial services – chemical dependency and mental or nervous conditions<sup>5</sup></i>		
Physician services – office visit	\$75	50%
Outpatient services	50%	50%
Inpatient services	50%	50%
<i>Other services</i>		
Durable medical equipment	50%	50%
Diabetes management – one initial program	\$75	50%
Hearing aids	50%	50%
Home health visits	50%	50%
Medical supplies – including allergy serum and injected substances	50%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	50%	50%
Skilled nursing facility care – 60 days per year maximum	50%	50%
Outpatient chemotherapy – non-self-administered anticancer medications and administration	50%	50%
<i>Pharmacy<sup>7,8,9</sup></i>		
Generic / Brand preferred / Non-preferred	\$15 <sup>3,12</sup> / 30% <sup>12</sup> / 50% <sup>12</sup>	Not covered
Specialty drugs – including most self-injectables	50% <sup>12</sup>	Not covered

Footnotes can be found on page 24.

W7350-0-7350ES <sup>10</sup>		HD2700-2-6550ES <sup>11</sup>	
Bronze		Silver	
In-network	Out-of-network MAA	In-network	Out-of-network MAA
\$7,350 / \$14,700	\$10,000 / \$20,000	\$2,700 / \$5,400	\$7,000 / \$14,000
\$7,350 / \$14,700	\$15,000 / \$30,000	\$6,550 / \$13,100	\$10,000 / \$20,000
0%, after deductible	50%	20%	50%
No charge	50%	No charge	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	0%	20%	20%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
No	No	No	No
0%	50%	20%	50%
No	No	No	No
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	15%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	0%	20%	20%
0%	50%	20%	50%
0%	0%	20%	20%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	50%	20%	50%
0%	Not covered	20% / 20% / 20%	Not covered
0%	Not covered	50%	Not covered

Footnotes can be found on page 24.

# PPO Plans

<i>Benefit description</i>	<i>HD6550-0-6550ES<sup>10, 11</sup></i>	
Metal level	Bronze	
Network	<b>In-network</b>	<b>Out-of-network MAA</b>
Deductible – single / family <sup>1</sup>	\$6,550 / \$13,100	\$10,000 / \$20,000
Out-of-pocket maximum – single / family <sup>2</sup>	\$6,550 / \$13,100	\$15,000 / \$30,000
Coinsurance	0%, after deductible	50%
<b><i>Physician / Professional / Outpatient care</i></b>		
Preventive care – men’s and women’s health care – Pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	No charge	50%
Physician office visits – includes family practice, pediatrics, internal medicine, general practice, obstetrics/gynecology	0%	50%
Specialty physician services – office visits to providers in specialties other than above	0%	50%
Urgent care – physician services	0%	0%
Physician hospital visits	0%	50%
Diagnostic – X-ray/EKG/ultrasound	0%	50%
Diagnostic – laboratory tests	0%	50%
Deductible waived on lab and X-ray	No	No
Imaging – CT/MRI/PET/SPECT/EEG	0%	50%
Deductible waived on imaging	No	No
Allergy and therapeutic injections	0%	50%
Maternity delivery care – professional services	0%	50%
Outpatient rehabilitation and habilitation therapy – 30 visits per year maximum	0%	50%
Outpatient surgery at ambulatory surgery center	0%	50%
Outpatient surgery at hospital-based facility	0%	50%
<b><i>Hospital care</i></b>		
Inpatient hospital services <sup>4</sup>	0%	50%
Inpatient rehabilitation and habilitation therapy – 30 days per year maximum	0%	50%
<b><i>Emergency services</i></b>		
Outpatient emergency room services; no MAA out-of-network	0%	0%
Inpatient admission from emergency room	0%	50%
Ambulance services – ground and air	0%	0%
<b><i>Behaviorial services – chemical dependency and mental or nervous conditions<sup>5</sup></i></b>		
Physician services – office visit	0%	50%
Outpatient services	0%	50%
Inpatient services	0%	50%
<b><i>Other services</i></b>		
Durable medical equipment	0%	50%
Diabetes management – one initial program	0%	50%
Hearing aids	0%	50%
Home health visits	0%	50%
Medical supplies – including allergy serum and injected substances	0%	50%
Prosthetic devices/Orthotic devices <sup>6</sup>	0%	50%
Skilled nursing facility care – 60 days per year maximum	0%	50%
Outpatient chemotherapy – non-self-administered anticancer medications and administration	0%	50%
<b><i>Pharmacy<sup>7,9</sup></i></b>		
Generic / Brand preferred / Non-preferred	0%	Not covered
Specialty drugs – including most self-injectables <sup>8</sup>	0%	Not covered

Footnotes can be found on page 24



## Prescription drug coverage

Every Health Net medical plan automatically includes prescription drug coverage.

Prescription drug benefits include coverage for generic, brand and non-preferred drugs, and are provided through the CVS/Caremark network. Specialty drugs are covered through a preferred vendor pharmacy. Member pharmacy expenses accumulate to the out-of-pocket maximum, and, in some cases, the deductible applies. Refer to each plan for coverage specifics.

## Pharmacy

Health Net uses a prescription drug formulary, called the Essential Rx Drug List (EDL), for therapeutic drugs so our members receive quality at reasonable costs. A committee that includes pharmacists and providers from various medical specialties develops our EDL. To view the current EDL for your state, go to **broker.healthnet.com** > *Pharmacy Plan Information* > *Individual, Family and Group plans* > *WA Essential Rx Drug List*. Then, in the Drug Lists box, navigate to the plan you want to see. Some drugs require prior authorization. A member may call our Customer Contact Center with any questions. If a member regularly takes prescription medications, we have a mail order program that provides an easy way to order up to a 90-day supply.

Oral and topical (self-administered) anticancer medications are covered under pharmacy at the same coinsurance as the outpatient chemotherapy.

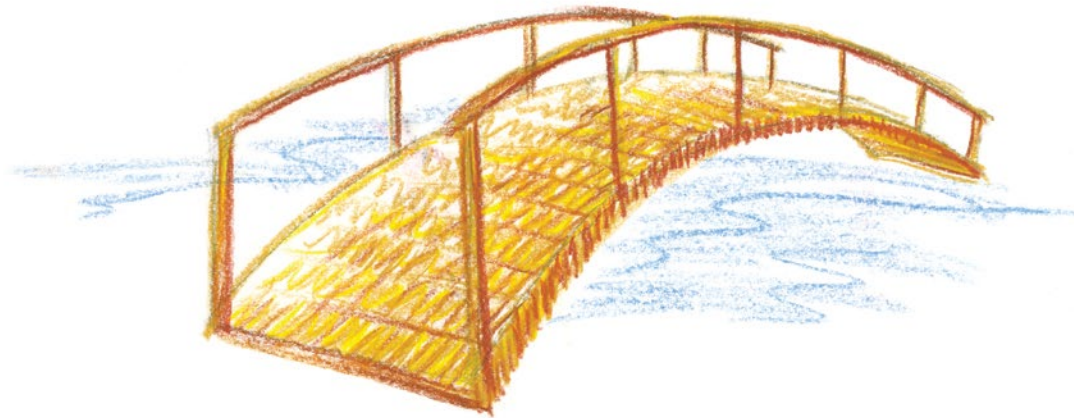
Most pharmacy-dispensed women's contraceptive methods are covered at no charge to members when dispensed at a retail pharmacy. Mail order may not be available; please check the pharmacy plan summary for details.

## Specialty Pharmacy

Certain drugs identified on the EDL with the designation "SP" are classified as Specialty Pharmacy drugs. Specialty Pharmacy drugs are high-cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and have significantly higher costs than traditional pharmacy benefit drugs. Specialty Pharmacy medications are shipped to the member or his or her provider from an approved Specialty Pharmacy vendor.







# Ancillary Products

*Dental and vision plans available so you and your clients  
can design a well-rounded employee benefits package*



# Pediatric Dental Coverage

(Available to children up to age 19)

Necessary dental care for children up to age 19 is covered. This plan covers limited pediatric dental services as described below. You can see any licensed dentist and receive benefits for covered services and supplies.

However, if you do see an in-network provider, charges for covered services will be limited to Health Net's contracted amount with the provider.

<i>Dental summary of benefits</i>		
<b>Benefit</b>		
Annual deductible	\$100 deductible applies to all services	
Annual calendar year benefit maximum	None	
	<i>Coinsurance</i>	
	<b>In-network</b>	<b>Out-of-network<sup>1</sup></b>
<b>Preventive</b>		
Routine exams	0%	0%
Bitewings X-rays	0%	0%
Prophylaxis (cleaning)	0%	0%
Fluoride	0%	0%
Sealants	0%	0%
Space maintainers	0%	0%
<b>Basic</b>		
Restorative	50%	50%
Endodontics	50%	50%
Periodontics	50%	50%
Oral surgery	50%	50%
<b>Major</b>		
Crowns	50%	50%
Dentures and bridgework	50%	50%
<b>Orthodontics</b>		
Medically necessary orthodontics	50%	50%

<sup>1</sup> Out-of-network allowance: **When you use a nonparticipating provider, your plan benefits are based on the maximum allowable amount (MAA).** There is usually a difference between the amount your provider actually charges for a service and how much of that billed charge we allow as the MAA. Your plan pays a percentage of the MAA rather than a percentage of the billed charge. If your provider charges more than the MAA, you are responsible for the difference between the billed charge and the MAA.

# Pediatric Vision Coverage

(Available to children up to age 19)

This plan covers medically necessary vision services and supplies for children up to age 19 as described below. To receive maximum benefits, you must use participating providers.



Covered services	You are responsible for
Routine eye exam limit: 1 per calendar year	\$0 copay
Comprehensive eye exam, including dilation if professionally indicated and with refraction limit: 1 per calendar year	\$0 copay
Lenses limit: 1 pair per calendar year, including: – Single vision, bifocal, trifocal, lenticular – Glass or plastic	\$0 copay
Provider-selected frames limit: 1 per calendar year	\$0 copay
Optional lenses and treatments, including: • UV treatment • Tint (fashion, gradient and glass-grey) • Standard plastic scratch coating • Standard polycarbonate • Photochromatic / Transitions plastic • Standard anti-reflective coating • Polarized • Standard progressive lenses • Hi-index lenses • Blended segment lenses • Intermediate vision lenses • Select or ultra progressive lenses	\$0 copay
Provider-selected contact lenses; 1-year supply is covered every calendar year (in lieu of eyeglass lenses): • Disposables • Conventional • Medically necessary  Contact lens allowance: Allowances are one-time-use benefits; no remaining balance.	\$0 copay

# Optional Dental

## *Health Net dental underwriting guidelines*

Eligibility rules must be the same for medical and dental. Minimum employer contribution must be 50 percent of employee-only dental coverage.

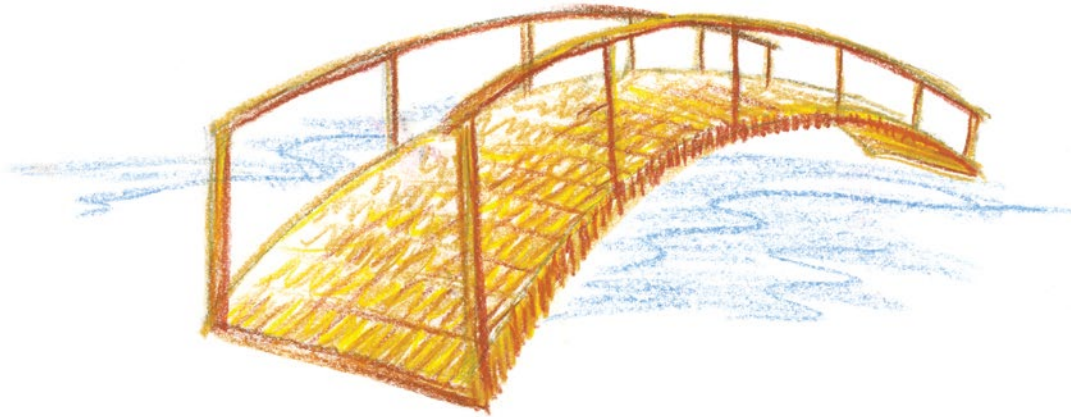
The subscriber must participate in both medical and dental. The subscriber must be enrolled in both. A minimum of 2 employees must enroll. A minimum of 10 employees must enroll in any plan with orthodontia.

### **Plus plan**

- No orthodontia.
- Hold harmless on MAA if network provider used; otherwise, no benefit distinction in- versus out-of-network.
- MAA is 90th percentile of HIAA.

<i>Benefits</i>	<i>Health Net Plus WD50-185-1500</i>
Annual deductible per person	\$50
Annual deductible per family	\$150
Annual plan maximum per person	\$1,500
Lifetime orthodontic services per person	Not covered
	<b>In-network / Out-of-network</b>
Diagnostic and preventive <sup>1</sup>	100%
Basic services	80%
Major services	50%
Orthodontic services	Not covered

<sup>1</sup>The dental deductible does not apply to diagnostic and preventive services.



# More *Than an* ID Card

# Health Net Member Extras

At Health Net, we're about more than just health care coverage. Sure, comprehensive benefits are essential, but so is making it easy for people to take care of their health and get the most from their health plan.

## *Decision Power®: Health & Wellness*

Decision Power is an integrated program created to engage people in their own health. With personalized tools and achievable goals, employees can feel confident in their ability to make positive and lasting behavioral changes. Through Decision Power, we deliver a personalized and accessible approach to wellness. Here are just a few of the ways we help employees achieve improved wellness:



- Get help with a specific health goal.
- Learn about treatment options.
- Try an online Health Promotion program.
- Assess health risks with a Health Risk Questionnaire.
- Track diet, exercise or cholesterol.
- Better manage chronic illness.

## *Focus on early access and prevention*

Here at Health Net, we don't wait until people get sick to help out. Our job, always, is to connect your client's employees with the care they need – we want them to use their benefits!

That's why we conduct outreach efforts – phone calls, mailings and more – to encourage our members to get their annual wellness exam. It costs \$0 out-of-pocket

and is the best way for people to know their health status – and also for Health Net to know how best to meet their health needs.

From there, we can connect people with the care and resources to help them be their healthiest. Our resources span the full spectrum of health, from timesaving conveniences to in-depth support.

Our outreach efforts elevate the core Decision Power priority: to help reduce high-cost service utilization and support workplace productivity by connecting employees with information, resources and support. Boosting health through prevention and early access to care is another way we're doing just that.

## *Nurse Advice Line*

Members get 24/7 access to licensed nurses via phone or chat for questions about injuries, illnesses, chronic conditions, and preventive care.

## *Active&Fit*

A new member fitness discount program through American Specialty Health (ASH) is available with all our portfolio plans as of January 1, 2018.

- Members receive simultaneous access to fitness facilities nationwide.
- Member-funded: \$25/month fee, \$25 initiation fee and an online link through the Health Net member portal.

Decision Power offers member discounts, wellness programs, a hospital comparison tool, a treatment cost estimator, and more.



## Support online and on the go

### Self-service at [www.healthnet.com](http://www.healthnet.com)

HealthNet.com makes it easy to build healthy habits and get things done! Members can connect to our vast collection of wellness resources, get benefit information, order ID cards ... the list goes on!

It's also the place to find network doctors, hospitals and other services. ProviderSearch at HealthNet.com delivers results by location, specialty or office hours.

### Health Net Mobile

Keeping track of the details – even critical details like health care information – is tricky with our jam-packed lives. That's why we created the Health Net Mobile app.



All it takes is an iPhone, Android or other web-enabled smartphone, and Health Net members have everything they need to track their health plan details – no matter where they are or how busy.

## Employer time-savers

We know that running a successful small business means there often isn't enough time in the day to get everything done. That's why we offer online enrollment and billing.

Your clients can manage enrollments and changes, pay their bills, and run reports on HealthNet.com. These fast, paper-free solutions make it quick and easy to manage enrollment and billing administration with a single login. Not only will your clients save time with self-service, they have peace of mind knowing their employees' details are managed with the latest security and privacy technology. Once registered, employers can:

- Enroll employees and dependents.
- Cancel and reinstate coverage.
- Pay bills online and schedule payments.
- Manage multiple payment options.
- Run enrollment reports.

Primary client administrators can create a user account by logging in to [www.healthnet.com](http://www.healthnet.com). From there, select *Manage Accounts & Reports* to:

- create a user profile,
- grant access privileges, and
- set notification preferences.

For first-time users, go to [www.healthnet.com](http://www.healthnet.com)/employer and click *Register*. You will need the policyholder ID or group numbers. (If the policyholder ID number is less than nine digits, add preceding zeroes as shown in this example: Policyholder ID 1234 would become 000001234.) On future logins, your clients will click on *Employer*, then select *Manage Enrollment* or *Pay My Bill*. The account is now ready to use.

## Time-savers for you

Everything Health Net – from sales materials to the latest news – is available to you around the clock at [www.healthnet.com/broker](http://www.healthnet.com/broker). It's all part of the Health Net experience!



Information at the  
click of a button.

## Footnotes and disclaimers

This brochure and benefit schedule presents general information only. 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.

All medical plans include pediatric vision coverage and pediatric dental coverage.

- <sup>1</sup> The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.
- <sup>2</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>3</sup> Deductible is waived.
- <sup>4</sup> 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.
- <sup>5</sup> For mental health or chemical dependency services, call 1-800-977-8216.
- <sup>6</sup> Corrective shoes and arch supports, including foot orthotics, are excluded unless prescribed in the course of treatments for, or complications from, diabetes.
- <sup>7</sup> Prescription drug tiers are Tier 1: Generic; Tier 2: Brand Preferred; Tier 3: Non-Preferred; SP: Specialty.
- <sup>8</sup> Certain drugs identified on the Essential Rx Drug List are classified as Specialty drugs under your plan. Specialty drugs are high-cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and have significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.
- <sup>9</sup> 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.healthnet.com](http://www.healthnet.com) > *My Health Plan* > *Pharmacy Coverage* > *View My Drug List* > *WA Essential Rx Drug List or Preventive Drug List*.
- <sup>10</sup> Benefits listed at 0% or no charge means Health Net will pay covered services at 100% of the maximum allowable amount (MAA) for out-of-network services. Member is still responsible for out-of-network billed charges that exceed the MAA.
- <sup>11</sup> 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. When a member meets the per person deductible, additional services will be covered during the rest of that calendar year even if the family deductible has not been met. The family deductible is satisfied when two or more members collectively meet the family deductible.
- <sup>12</sup> Calendar year deductible for prescription benefits: \$500 per member – does not apply to drugs on Tier 1, preventive pharmacy medications, tobacco cessation medications, or women's contraceptive methods.



# *We Are* Your Health Net.™

Sales made simple. Health Net has your Small Business Group covered!

With us, you connect your clients with all-time favorites and new choices. So it's easy for them to buy – and for you to sell!

## *Questions? We've got answers!*

- Call your Health Net sales executive at 1-888-802-7001.
- Visit us online at [www.healthnet.com/broker](http://www.healthnet.com/broker).
- See ACA-related information at [www.healthnet.com/broker/reformguide](http://www.healthnet.com/broker/reformguide).

### **Health Net Health Plan of Oregon, Inc.**

13221 SW 68th Pkwy., Ste. 200  
Tigard, OR 97223

### **Assistance for the hearing and speech impaired**

Monday through Friday, 8:00 a.m. to 5:00 p.m.

TTY users call 711.

[www.healthnet.com](http://www.healthnet.com)

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 a fixed percentage of maximum allowable amount (MAA) rates for other services. We pay out-of-network providers based on MAA rates, not on billed amounts. MAA rates 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 rates we pay. Amounts that exceed our MAA rates are not covered and do not apply to members' annual out-of-pocket maximums. Member responsibility for any amounts that exceed our MAA payment is shown on this schedule as MAA.

This document is only a summary of health coverage. Employers and members have the right to view the plan contract. To obtain a copy of this document, contact your Health Net sales representative at 1-888-802-7001. The plan contract, which a member will automatically receive after enrolling, contains the terms and conditions, as well as the governing and exact contractual provisions, of Health Net Health Plan of Oregon, Inc. coverage. This brochure presents general information only. 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.

Members have access to Decision Power through current enrollment with Health Net Health Plan of Oregon, Inc. (Health Net). Decision Power is not part of Health Net's commercial medical benefit plans. It is not affiliated with Health Net's provider network, and it may be revised or withdrawn without notice. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees.

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