

Summary of Benefits and Coverage (SBC)

FIND PLAN INFORMATION FAST

Choosing the right health coverage for you is important. The SBCs clearly outline coverage options and can help you make an informed decision. To download the SBC documents for your plan, follow the steps below.

To search for an SBC

- 1 Go to www.healthnetoregon.com/sbc.
- 2 Enter the coverage code and effective date, or
- 3 Provide the required information in the fields highlighted.
- 4 Click Search.



The SBC document will help you learn about your health plan.

Search For Summary Of Benefits and Coverage

You can find your Summary of Benefits and Coverage—your SBC—in two ways:

1. Enter your coverage code and effective date or
2. Skip to Plan year and fill in the fields.

[Contact us](#) if you can't find your SBC.

* Required field

Coverage code: 2

Effective date: (MM/YY)

OR

3

Year: ☐ 2024 ☒ 2025

Region:

Have a marketplace plan? ☒ No

Plan type: ☐ Individual Plan ☒ Small Group Plan

Product type:

Metal level:

Plan name:

Note: To see a list of plans, please complete all required fields above.

CLEAR

4 SEARCH

5

Click to *View Your Document* to view the SBC. Need to look up more than one SBC? Click *Search for a different plan SBC*.

Summary of Benefits and Coverage

Home > Shoppers > Summary of Benefits and Coverage

SEARCH AGAIN

Summary Of Benefits and Coverage Search Results

Search Criteria
 Year: 2024
 Region: OR
 Exchange: No
 Plan type: Small Group Plan
 Metal level: GOLD
 Effective Date: 12/2024
 Plan Name: OR S PPO GLD P15-3000-2-8500DX PD Alt Care

Summary Of Benefits and Coverage Documents you requested are available in the PDF format below.

English
[Medical plus Dental/Vision](#) 5

A Uniform Glossary document has been created to use when reading the Summary of Benefits and Coverage [Download the Uniform English Glossary](#) (220k PDF)

Additional Resources

[Search for a different plan SBC](#)

[Contact Us](#)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Health Net of OR: P15-3000-2-8500DX PD KK3

Coverage Period: 12/01/2024-11/30/2025
 Coverage for: All Covered Members | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call the number on your Health Net ID card (current members) or 1-888-802-7001 or visit us at www.healthnetoregon.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or www.healthnetoregon.com or you can call 1-888-802-7001 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$3,000 member/\$6,000 family through PPO & \$5,000 member/\$10,000 family through OON per calendar year.	Generally, you must pay all of the costs for providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and services indicated in chart starting on Page 2.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$100 pediatric dental deductible required. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Combined medical/pharmacy limit: \$500 member/\$17,000 family through PPO, \$17,000 member/\$34,000 family through OON per calendar year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premium , balance billing charges and health care services the plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.healthnetoregon.com or call 1-888-802-7001.	This plan uses a provider network . You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .

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If you have any questions, please call the Customer Contact Center at 888-802-7001.

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 ይችላሉ። የተነበበልዎትን እና የተወሰኑ በቋንቋዎ የተላኩልዎትን ሰነዶች መግኘት ይችላሉ። ለእርዳታ፣ ለደንበኞች ግንኙነት ማዕከል በሙታወቂያ 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)
Tajaajila 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 고객센터 안내번호 또는 1-888-802-7001 (TTY: 711)번으로 전화해 주십시오.

Cambodian (Khmer)
សេវាភាសាភក្តិភីស្ត្រូ។ អ្នកអាចទទួលអ្នកបកប្រែបាន។ អ្នកអាចឱ្យគេអានឯកសារជូនអ្នក នឹងឆ្លើយឯកសារខ្លះជូនអ្នក ជាភាសាបស្ចឹម។ សំរាប់ជំនួយទូរស័ព្ទទៅមជ្ឈមណ្ឌលទំនាក់ទំនងអភិវឌ្ឍន៍ តាមលេខនៅលើ ID របស់អ្នក ឬលេខ 1-888-802-7001 (TTY: 711)។

Laotian
ການບໍລິການດ້ານພາສາທີ່ບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍນາຍແປພາສາ. ທ່ານສາມາດອ່ານເອກະສານ ແລະ ຈຳນວນໜຶ່ງໄດ້ຢ່າງໃຫ້ທ່ານເປັນພາສາຂອງທ່ານແລ້ວ. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ໂທຫາສູນຕິດຕໍ່ລູກຄ້າໄດ້ທີ່ເລກໝາຍຢູ່ເທິງບັດ ID ຂອງທ່ານ ຫຼື ໂທ 1-888-802-7001 (TTY: 711).

Punjabi
ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਲਈ ਕੋਈ ਲਾਗਤ ਨਹੀਂ। ਤੁਸੀਂ ਦੁਆਬੀਆ 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).