

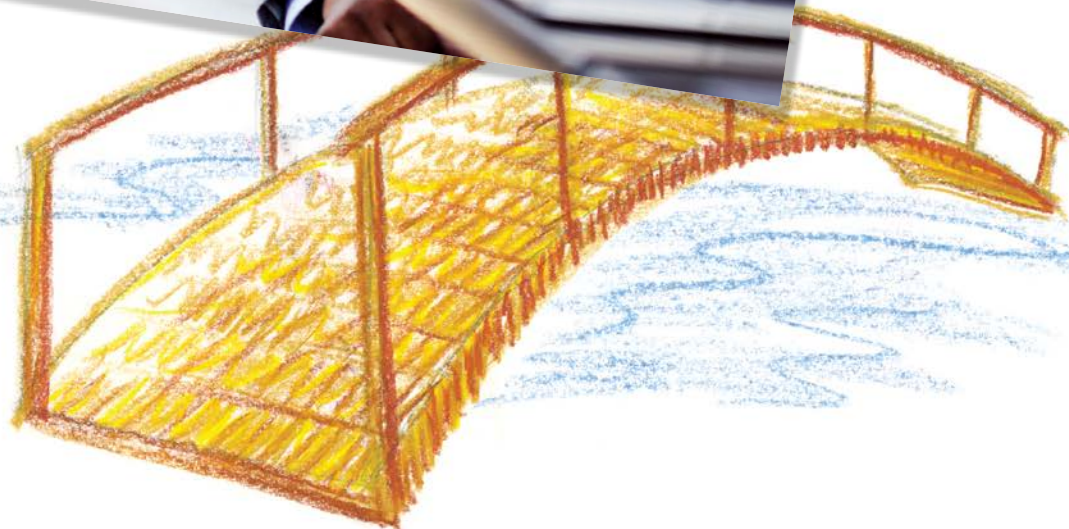
Portfolio Guide

Welcome to Small Group 2.0 – the intersection of perfect fit, coverage and price

Effective January 1, 2016



Nicole daLomba,
Health Net
*We put community into
health care coverage.*



Health Net®

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Creating sustainable solutions that keep Oregon businesses growing is one inspiration behind our portfolio designs here at Health Net Health Plan of Oregon, Inc. (Health Net).

That's why we created **Small Group 2.0**. Designed for value and streamlined selection, it's the portfolio that fits.

There's never been a better time to come home to Health Net.

Welcome to Small Group 2.0

Health Net CommunityCare

We offer two sets of CommunityCare plans, 1 Tier and 3 Tier. These plans are available to employer groups in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties. These popular plans leverage strategic provider partnerships to strengthen the doctor-patient relationship and give people resources for lasting engagement in their health.

Option 1: CommunityCare 1T

CommunityCare 1T plans feature the familiar single-tier benefit structure and access to our CommunityCare providers. Members receive all covered services from this network. This plan option is our most affordable.

Option 2: CommunityCare 3T

CommunityCare 3T gives members the option to use the CommunityCare providers, other Health Net contracted providers, or a non-network provider.

- **First tier services** received via the CommunityCare provider network are covered at a higher, in-network benefit.
- **The second tier covers services received** from Health Net contracted providers outside of the CommunityCare Network. These services are reimbursed based on Health Net's negotiated network rates.
- **The third tier covers services** received from any out-of-network provider and are reimbursed at a percentage of the Maximum Allowable Amount (MAA).





For an up-to-date list
of doctors and hospitals
in the Health Net
CommunityCare
Network, go to
www.healthnet.com >
[ProviderSearch](#).

Local network, trusted health care partners

Building tailored networks of well-respected doctors and hospitals that allow members to access trusted services where they live is one of the things Health Net does best. By partnering with select providers – in conjunction with designing benefits that encourage cost-effective care – the CommunityCare network creates value and offers lower costs for employers without sacrificing employee satisfaction.

Health Net's CommunityCare network features:

- 11 hospitals
- More than 800 primary care physicians
- More than 3,000 specialists
- Full ancillary providers and services

Primary care clinics

A sampling of some of the larger clinics participating in our network includes:

- The Portland Clinic, LLC
- NW Primary Care Group, LLC
- Cascade Physicians, PC
- Broadway Medical Clinic, LLP
- Pacific Medical Group, PC
- Everywoman's Health, PC
- Bridgeview Women's Health, LLC

- Pediatric Associates of the Northwest, PC
- The Vancouver Clinic
- Women's Healthcare Associates, LLC
- Metropolitan Pediatrics, LLC
- Evergreen Pediatrics Clinic
- Legacy Clinics, LLC
- Tuality HealthCare Group
- Tanasbourne Pediatrics, LLC
- Adventist Health Medical Group

Hospitals

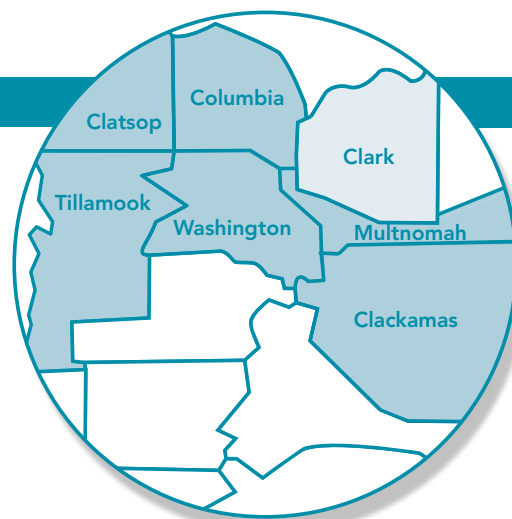
Our hospitals include:

- Legacy Salmon Creek Medical Center
- Legacy Mt. Hood Medical Center
- Legacy Meridian Park Medical Center
- Legacy Good Samaritan Medical Center
- Legacy Emanuel Medical Center
- Randall Children's Hospital at Legacy Emanuel
- Tuality Community Hospital
- Tuality Forest Grove Hospital
- Portland Adventist Medical Center
- Tillamook County General Hospital
- Columbia Memorial Hospital

Health Net CommunityCare coverage area

Legend:

- Employer groups must be located in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties to be eligible for Health Net CommunityCare.
- Employees must live in Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties, and Clark County, WA, to be eligible to enroll in Health Net CommunityCare.



Employer groups who have employees in and outside of Multnomah, Clackamas, Washington, Clatsop, Columbia, and Tillamook counties can choose to offer Health Net CommunityCare and a Health Net PPO. Please contact your sales executive for more details.

PPO plans

We've streamlined our plan choices to the designs our customers tell us work best for their business – and budget. For 2016, we have several PPOs in the Platinum, Gold and Silver level tiers. For groups interested in an HSA-compatible plan, the PPO High Deductible 2600 plan is one to consider.

Pediatric vision is included, and plans come with or without pediatric dental.

- **PPO Advantage** features a wide range of deductible options. These plans offer the same office visit cost-share for PCPs and specialists. Urgent care visits have a \$50 copayment.
- **PPO Essentials** give employers comprehensive essential coverage with choice of metal tiers and deductibles.

State Standardized plans

Our Standard plans provide benefit offerings as designated by the State of Oregon.

Pediatric vision is included. Pediatric dental is not included.

We have three plans available:

- Standard Gold (PPO)
- Standard Silver (PPO)
- Standard Bronze (EPO)

Prescription drug coverage

All Health Net medical plans include prescription 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.

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. The EDL is updated quarterly.

In-network prescription drug coverage is provided through the Caremark network.

See the benefit grids for specifics per plan design.

Deductible updates by Metal Tier

- Platinum (LX) plans – Deductible waived on all routine lab, X-ray and imaging services.
- Gold (DX) plans – Deductible waived for routine lab and X-ray services.
- Silver (ES) plans – Deductible applies to all routine lab, X-ray and imaging services.

These deductible details apply to all except our High Deductible and State standard plans.



*Custom combinations with
Enhanced Choice*

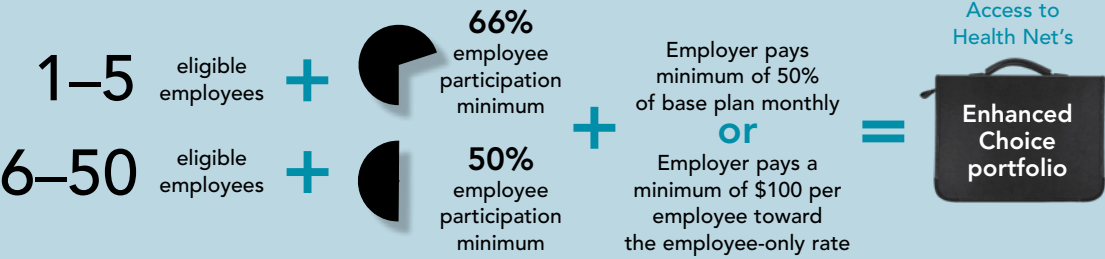
Health Net invites your clients to be choosy! Health Net’s Enhanced Choice gives small business groups the choice to

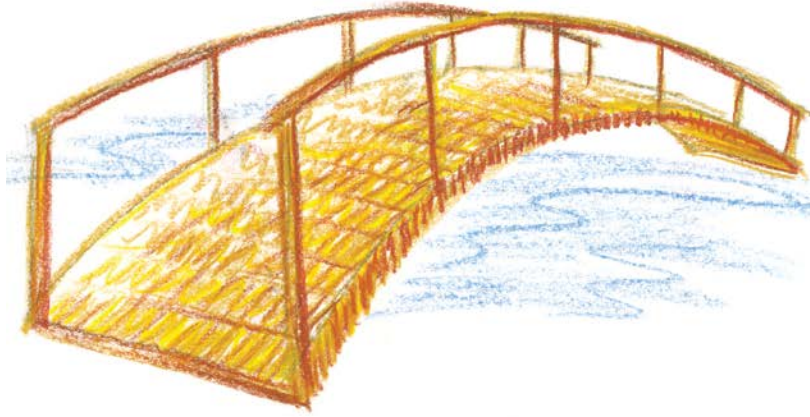
offer multiple plans to their employees. They can choose any number or combination of plans in our full Small Group 2.0 portfolio.

3 Steps to Enhanced Choice

Step 1	Step 2	Step 3
Set an employer contribution rate.	Choose a variety of plans to offer.	Employees choose the plan they want, as well as whether to pay more for richer plan option

Participation guidelines





Medical *Plan* Benefit Grids

*Simplified. Sustainable. Small business-focused.
We are your Health Net.™*

Health Net CommunityCare 1T Plans

<i>Benefit description</i>	<i>10-100-1-1500DX</i>	<i>15-500-2-1500DX</i>
Metal level	Platinum	Platinum
Deductible – individual / family ¹	\$100 / \$200	\$500 / \$1,000
Out-of-pocket maximum (single / family) ²	\$1,500 / \$3,000	\$1,500 / \$3,000
Network	CommunityCare provider	CommunityCare provider
Coinsurance	10%	20%
<i>Physician / Professional / Outpatient care</i>		
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$10 ³	\$15 ³
Specialty physician services – office visits to providers in specialties other than above	\$50 ³	\$55 ³
Urgent care – physician services	\$50 ³	\$55 ³
Physician hospital visits	10%	20%
Diagnostic – X-ray/EKG/ultrasound	10%	20%
Diagnostic – laboratory tests	10%	20%
Deductible waived on lab and X-ray	Yes	Yes
Imaging – CT/MRI/PET/SPECT/EEG	10%	20%
Deductible waived on imaging	No	No
Allergy and therapeutic injections	10%	20%
Maternity delivery care – professional services	10%	20%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum	10%	20%
Outpatient at ambulatory surgery center ⁴	5%	15%
Outpatient at hospital-based facility	10%	20%
<i>Hospital care</i>		
Inpatient services ⁵	10%	20%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum	10%	20%
<i>Emergency services</i>		
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$150 + 10%	\$150 + 20%
Inpatient admission from emergency room	10%	20%
Ambulance services – ground and air	10%	20%
<i>Behavioral services – chemical dependency and mental or nervous conditions</i>		
Physician services – office visit ⁶	\$10 ³	\$15 ³
Outpatient services ⁶	10%	20%
Inpatient services ⁶	10%	20%
<i>Other services</i>		
Durable medical equipment	10%	20%
Diabetes management – one initial program ⁷	\$10 ³	\$15 ³
Hearing aids ⁸	10%	20%
Home health visits	10%	20%
Medical supplies – including allergy serum and injected substances ⁷	10%	20%
Prosthetic devices/Orthotic devices ⁹	10%	20%
Skilled nursing facility care – 60-day annual maximum	10%	20%
Outpatient chemotherapy – non-oral anticancer medications and administration	10%	20%
<i>Pharmacy</i> ¹⁰		
Generic / Brand preferred / Non-preferred	\$10 / \$20 / \$40 ³	\$10 / \$20 / \$40 ³
Specialty drugs – including most self-injectables ¹¹	20% ³	20% ³

Footnotes can be found on page 32.

20-500-2-5000DX	25-1000-2-4000DX	15-2000-2-4500DX	30-3000-2-6000ES	35-4500-2-6350ES
Gold	Gold	Gold	Silver	Silver
\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,500 / \$9,000
\$5,000 / \$10,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$6,000 / \$12,000	\$6,350 / \$12,700
CommunityCare provider	CommunityCare provider	CommunityCare provider	CommunityCare provider	CommunityCare provider
20%	20%	20%	20%	20%
No charge	No charge	No charge	No charge	No charge
\$20 ³	\$25 ³	\$15 ³	\$30 ³	\$35 ³
\$60 ³	\$65 ³	\$55 ³	\$70 ³	\$75 ³
\$60 ³	\$65 ³	\$55 ³	\$70 ³	\$75 ³
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
Yes	Yes	Yes	No	No
20%	20%	20%	20%	20%
No	No	No	No	No
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
15%	15%	15%	15%	15%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
\$20 ³	\$25 ³	\$15 ³	\$30 ³	\$35 ³
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
\$20 ³	\$25 ³	\$15 ³	\$30 ³	\$35 ³
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
\$15 / \$30 / \$50 ³	\$15 / \$30 / \$50 ³	\$15 / \$30 / \$50 ³	\$15 / 30% / 50% ³	\$15 / 30% / 50% ³
20% ³	20% ³	20% ³	20% ³	20% ³

Health Net CommunityCare 3T Plans

<i>Benefit description</i>	<i>10-100-1-1500DX</i>		
Metal level	Platinum		
Deductible – individual / family ¹	\$100 / \$200		
Out-of-pocket maximum (single / family) ²	\$1,500 / \$3,000		
Network	CommunityCare provider	Other participating provider	Out-of-network provider (MAA)
Coinsurance	10%	30%	30%
<i>Physician / Professional / Outpatient care</i>			
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam	No charge	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$10 ³	30%	30%
Specialty physician services – office visits to providers in specialties other than above	\$50 ³	30%	30%
Urgent care – physician services	\$50 ³	\$50 ³	\$50 ³
Physician hospital visits	10%	30%	30%
Diagnostic – X-ray/EKG/ultrasound	10%	30%	30%
Diagnostic – laboratory tests	10%	30%	30%
Deductible waived on lab and X-ray	Yes	Yes	No
Imaging – CT/MRI/PET/SPECT/EEG	10%	30%	30%
Deductible waived on imaging	No	No	No
Allergy and therapeutic injections	10%	30%	30%
Maternity delivery care – professional services	10%	30%	30%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum	10%	30%	30%
Outpatient at ambulatory surgery center ⁴	5%	30%	30%
Outpatient at hospital-based facility	10%	30%	30%
<i>Hospital care</i>			
Inpatient services ⁵	10%	30%	30%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum	10%	30%	30%
<i>Emergency services</i>			
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$150 + 10%	\$150 + 10%	\$150 + 10%
Inpatient admission from emergency room	10%	30%	30%
Ambulance services – ground and air	10%	10%	10%
<i>Behavioral services – chemical dependency and mental or nervous conditions</i>			
Physician services – office visit ⁶	\$10 ³	30%	30%
Outpatient services ⁶	10%	30%	30%
Inpatient services ⁶	10%	30%	30%
<i>Other services</i>			
Durable medical equipment	10%	30%	30%
Diabetes management – one initial program ⁷	\$10 ³	30%	30%
Hearing aids ⁸	10%	30%	30%
Home health visits	10%	30%	30%
Medical supplies – including allergy serum and injected substances ⁷	10%	30%	30%
Prosthetic devices/Orthotic devices ⁹	10%	30%	30%
Skilled nursing facility care – 60-day annual maximum	10%	30%	30%
Outpatient chemotherapy – non-oral anticancer medications and administration	10%	30%	30%
<i>Pharmacy¹⁰</i>			
Generic / Brand preferred / Non-preferred	\$10 / \$20 / \$40 ³	Not covered	Not covered
Specialty drugs – including most self-injectables ¹¹	20% ³	Not covered	Not covered

Footnotes can be found on page 32.

Health Net CommunityCare 3T Plans (continued)

<i>Benefit description</i>	<i>25-1000-2-4000DX</i>		
Metal level	Gold		
Deductible – individual / family ¹	\$1,000 / \$2,000		
Out-of-pocket maximum (single / family) ²	\$4,000 / \$8,000		
Network	CommunityCare provider	Other participating provider	Out-of-network provider (MAA)
Coinsurance	20%	40%	40%
<i>Physician / Professional / Outpatient care</i>			
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam	No charge	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$25 ³	40%	40%
Specialty physician services – office visits to providers in specialties other than above	\$65 ³	40%	40%
Urgent care – physician services	\$65 ³	\$65 ³	\$65 ³
Physician hospital visits	20%	40%	40%
Diagnostic – X-ray/EKG/ultrasound	20%	40%	40%
Diagnostic – laboratory tests	20%	40%	40%
Deductible waived on lab and X-ray	Yes	Yes	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	40%	40%
Deductible waived on imaging	No	No	No
Allergy and therapeutic injections	20%	40%	40%
Maternity delivery care – professional services	20%	40%	40%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum	20%	40%	40%
Outpatient at ambulatory surgery center ⁴	15%	40%	40%
Outpatient at hospital-based facility	20%	40%	40%
<i>Hospital care</i>			
Inpatient services ⁵	20%	40%	40%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum	20%	40%	40%
<i>Emergency services</i>			
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20%	\$250 + 20%	\$250 + 20%
Inpatient admission from emergency room	20%	40%	40%
Ambulance services – ground and air	20%	20%	20%
<i>Behavioral services – chemical dependency and mental or nervous conditions</i>			
Physician services – office visit ⁶	\$25 ³	40%	40%
Outpatient services ⁶	20%	40%	40%
Inpatient services ⁶	20%	40%	40%
<i>Other services</i>			
Durable medical equipment	20%	40%	40%
Diabetes management – one initial program ⁷	\$25 ³	40%	40%
Hearing aids ⁸	20%	40%	40%
Home health visits	20%	40%	40%
Medical supplies – including allergy serum and injected substances ⁷	20%	40%	40%
Prosthetic devices/Orthotic devices ⁹	20%	40%	40%
Skilled nursing facility care – 60-day annual maximum	20%	40%	40%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	40%	40%
<i>Pharmacy</i> ¹⁰			
Generic / Brand preferred / Non-preferred	\$15 / \$30 / \$50 ³	Not covered	Not covered
Specialty drugs – including most self-injectables ¹¹	20% ³	Not covered	Not covered

Footnotes can be found on page 32.

15-2000-2-4500DX

Gold

\$2,000 / \$4,000

\$4,500 / \$9,000

CommunityCare provider	Other participating provider	Out-of-network provider (MAA)
------------------------	------------------------------	-------------------------------

20%	40%	40%
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No charge	No charge	No charge
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\$15 ³	40%	40%
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\$55 ³	40%	40%
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\$55 ³	\$55 ³	\$55 ³
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20%	40%	40%
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20%	40%	40%
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20%	40%	40%
-----	-----	-----

Yes	Yes	No
-----	-----	----

20%	40%	40%
-----	-----	-----

No	No	No
----	----	----

20%	40%	40%
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20%	40%	40%
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20%	40%	40%
-----	-----	-----

15%	40%	40%
-----	-----	-----

20%	40%	40%
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20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

\$250 + 20%	\$250 + 20%	\$250 + 20%
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20%	40%	40%
-----	-----	-----

20%	20%	20%
-----	-----	-----

\$15 ³	40%	40%
-------------------	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

\$15 ³	40%	40%
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20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
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20%	40%	40%
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20%	40%	40%
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\$15 / \$30 / \$50 ³	Not covered	Not covered
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20% ³	Not covered	Not covered
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30-3000-2-6000ES

Silver

\$3,000 / \$6,000

\$6,000 / \$12,000

CommunityCare provider	Other participating provider	Out-of-network provider (MAA)
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20%	40%	40%
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No charge	No charge	No charge
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\$30 ³	40%	40%
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\$70 ³	40%	40%
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\$70 ³	\$70 ³	\$70 ³
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20%	40%	40%
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20%	40%	40%
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20%	40%	40%
-----	-----	-----

No	No	No
----	----	----

20%	40%	40%
-----	-----	-----

No	No	No
----	----	----

20%	40%	40%
-----	-----	-----

20%	40%	40%
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20%	40%	40%
-----	-----	-----

15%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
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\$250 + 20%	\$250 + 20%	\$250 + 20%
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20%	40%	40%
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20%	20%	20%
-----	-----	-----

\$30 ³	40%	40%
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20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
-----	-----	-----

\$30 ³	40%	40%
-------------------	-----	-----

20%	40%	40%
-----	-----	-----

20%	40%	40%
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20%	40%	40%
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20%	40%	40%
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20%	40%	40%
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20%	40%	40%
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\$15 / 30% / 50% ³	Not covered	Not covered
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20% ³	Not covered	Not covered
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Health Net CommunityCare 3T Plans (continued)

Benefit description	35-4500-2-6350ES		
Metal level	Silver		
Deductible – individual / family ¹	\$4,500 / \$9,000		
Out-of-pocket maximum (single / family) ²	\$6,350 / \$12,700		
Network	CommunityCare provider	Other participating provider	Out-of-network provider (MAA)
Coinsurance	20%	40%	40%
Physician / Professional / Outpatient care			
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam	No charge	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$35 ³	40%	40%
Specialty physician services – office visits to providers in specialties other than above	\$75 ³	40%	40%
Urgent care – physician services	\$75 ³	\$75 ³	\$75 ³
Physician hospital visits	20%	40%	40%
Diagnostic – X-ray/EKG/ultrasound	20%	40%	40%
Diagnostic – laboratory tests	20%	40%	40%
Deductible waived on lab and X-ray	No	No	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	40%	40%
Deductible waived on imaging	No	No	No
Allergy and therapeutic injections	20%	40%	40%
Maternity delivery care – professional services	20%	40%	40%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum	20%	40%	40%
Outpatient at ambulatory surgery center ⁴	15%	40%	40%
Outpatient at hospital-based facility	20%	40%	40%
Hospital care			
Inpatient services ⁵	20%	40%	40%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum	20%	40%	40%
Emergency services			
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20%	\$250 + 20%	\$250 + 20%
Inpatient admission from emergency room	20%	40%	40%
Ambulance services – ground and air	20%	20%	20%
Behavioral services – chemical dependency and mental or nervous conditions			
Physician services – office visit ⁶	\$35 ³	40%	40%
Outpatient services ⁶	20%	40%	40%
Inpatient services ⁶	20%	40%	40%
Other services			
Durable medical equipment	20%	40%	40%
Diabetes management – one initial program ⁷	\$35 ³	40%	40%
Hearing aids ⁸	20%	40%	40%
Home health visits	20%	40%	40%
Medical supplies – including allergy serum and injected substances ⁷	20%	40%	40%
Prosthetic devices/Orthotic devices ⁹	20%	40%	40%
Skilled nursing facility care – 60-day annual maximum	20%	40%	40%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	40%	40%
Pharmacy¹⁰			
Generic / Brand preferred / Non-preferred	\$15 / 30% / 50% ³	Not covered	Not covered
Specialty drugs – including most self-injectables ¹¹	20% ³	Not covered	Not covered

Footnotes can be found on page 32.



**Patrice Holloway,
Health Net**

*We invest in your business
by creating health plans
that clients want.*

Health Net PPO Advantage Plans

Benefit description	A15-100-2-1300LX		A15-250-2-2000LX	
Metal level	Platinum		Platinum	
Deductible – individual / family ¹	\$100 / \$200		\$250 / \$500	
Out-of-pocket maximum (single / family) ²	\$1,300 / \$2,600		\$2,000 / \$4,000	
Network	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)
Coinsurance	20%	40%	20%	40%
Physician / Professional / Outpatient care				
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam	No charge	No charge	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$15 ³	40%	\$15 ³	40%
Specialty physician services – office visits to providers in specialties other than above	\$15 ³	40%	\$15 ³	40%
Urgent care – physician services	\$50 ³	\$50 ³	\$50 ³	\$50 ³
Physician hospital visits	20%	40%	20%	40%
Diagnostic – X-ray/EKG/ultrasound	20%	40%	20%	40%
Diagnostic – laboratory tests	20%	40%	20%	40%
Deductible waived on lab and X-ray	Yes	No	Yes	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	40%	20%	40%
Deductible waived on imaging	Yes	No	Yes	No
Allergy and therapeutic injections	20%	40%	20%	40%
Maternity delivery care – professional services	20%	40%	20%	40%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum	20%	40%	20%	40%
Outpatient at ambulatory surgery center ⁴	15%	40%	15%	40%
Outpatient at hospital-based facility	20%	40%	20%	40%
Hospital care				
Inpatient services ⁵	20%	40%	20%	40%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum	20%	40%	20%	40%
Emergency services				
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%
Inpatient admission from emergency room	20%	40%	20%	40%
Ambulance services – ground and air	20%	20%	20%	20%
Behavioral services – chemical dependency and mental or nervous conditions				
Physician services – office visit ⁶	\$15 ³	40%	\$15 ³	40%
Outpatient services ⁶	20%	40%	20%	40%
Inpatient services ⁶	20%	40%	20%	40%
Other services				
Durable medical equipment	20%	40%	20%	40%
Diabetes management – one initial program ⁷	\$15 ³	40%	\$15 ³	40%
Hearing aids ⁸	20%	40%	20%	40%
Home health visits	20%	40%	20%	40%
Medical supplies – including allergy serum and injected substances ⁷	20%	40%	20%	40%
Prosthetic devices/Orthotic devices ⁹	20%	40%	20%	40%
Skilled nursing facility care – 60-day annual maximum	20%	40%	20%	40%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	40%	20%	40%
Pharmacy¹⁰				
Generic / Brand preferred / Non-preferred	\$10 / \$20 / \$40 ³	Not covered	\$10 / \$20 / \$40 ³	Not covered
Specialty drugs – including most self-injectables ¹¹	20% ³	Not covered	20% ³	Not covered

Footnotes can be found on page 32.

A15-500-1-2000LX		A30-1000-2-5000DX		A25-2000-2-5000DX		A30-3000-3-6350ES	
Platinum		Gold		Gold		Silver	
\$500 / \$1,000		\$1,000 / \$2,000		\$2,000 / \$4,000		\$3,000 / \$6,000	
\$2,000 / \$4,000		\$5,000 / \$10,000		\$5,000 / \$10,000		\$6,350 / \$12,700	
In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)
10%	30%	20%	40%	20%	40%	30%	40%
No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
\$15 ³	30%	\$30 ³	40%	\$25 ³	40%	\$30 ³	40%
\$15 ³	30%	\$30 ³	40%	\$25 ³	40%	\$30 ³	40%
\$50 ³	\$50 ³	\$50 ³	\$50 ³	\$50 ³	\$50 ³	\$50 ³	\$50 ³
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
Yes	No	Yes	No	Yes	No	No	No
10%	30%	20%	40%	20%	40%	30%	40%
Yes	No	No	No	No	No	No	No
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
5%	30%	15%	40%	15%	40%	25%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
\$250 + 10%	\$250 + 10%	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%
10%	30%	20%	40%	20%	40%	30%	40%
10%	10%	20%	20%	20%	20%	30%	30%
\$15 ³	30%	\$30 ³	40%	\$25 ³	40%	\$30 ³	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
\$15 ³	30%	\$30 ³	40%	\$25 ³	40%	\$30 ³	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
10%	30%	20%	40%	20%	40%	30%	40%
\$10 / \$20 / \$40 ³	Not covered	\$15 / \$30 / \$50 ³	Not covered	\$15 / \$30 / \$50 ³	Not covered	\$15 / 30% / 50% ³	Not covered
20% ³	Not covered	20% ³	Not covered	20% ³	Not covered	20% ³	Not covered

Health Net PPO Essentials Plans

Benefit description	E30-500-2-4500DX		E45-4500-2-6000ES	
Metal level	Gold		Silver	
Deductible – individual / family ¹	\$500 / \$1,000		\$4,500 / \$9,000	
Out-of-pocket maximum (single / family) ²	\$4,500 / \$9,000		\$6,000 / \$12,000	
Network	In-network	Out-of-network (MAA)	In-network	Out-of-network (MAA)
Coinsurance	20%	40%	20%	40%
Physician / Professional / Outpatient care				
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam	No charge	No charge	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$30 ³	40%	\$45 ³	40%
Specialty physician services – office visits to providers in specialties other than above	\$60 ³	40%	\$90 ³	40%
Urgent care – physician services	\$60 ³	\$60 ³	\$90 ³	\$90 ³
Physician hospital visits	20%	40%	20%	40%
Diagnostic – X-ray/EKG/ultrasound	20%	40%	20%	40%
Diagnostic – laboratory tests	20%	40%	20%	40%
Deductible waived on lab and X-ray	Yes	No	No	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	40%	20%	40%
Deductible waived on imaging	No	No	No	No
Allergy and therapeutic injections	20%	40%	20%	40%
Maternity delivery care – professional services	20%	40%	20%	40%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum	20%	40%	20%	40%
Outpatient at ambulatory surgery center ⁴	15%	40%	15%	40%
Outpatient at hospital-based facility	20%	40%	20%	40%
Hospital care				
Inpatient services ⁵	20%	40%	20%	40%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum	20%	40%	20%	40%
Emergency services				
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%
Inpatient admission from emergency room	20%	40%	20%	40%
Ambulance services – ground and air	20%	20%	20%	20%
Behavioral services – chemical dependency and mental or nervous conditions				
Physician services – office visit ⁶	\$30 ³	40%	\$45 ³	40%
Outpatient services ⁶	20%	40%	20%	40%
Inpatient services ⁶	20%	40%	20%	40%
Other services				
Durable medical equipment	20%	40%	20%	40%
Diabetes management – one initial program ⁷	\$30 ³	40%	\$45 ³	40%
Hearing aids ⁸	20%	40%	20%	40%
Home health visits	20%	40%	20%	40%
Medical supplies – including allergy serum and injected substances ⁷	20%	40%	20%	40%
Prosthetic devices/Orthotic devices ⁹	20%	40%	20%	40%
Skilled nursing facility care – 60-day annual maximum	20%	40%	20%	40%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	40%	20%	40%
Pharmacy¹⁰				
Generic / Brand preferred / Non-preferred	\$15 / \$30 / \$50 ³	Not covered	\$15 / 30% / 50% ³	Not covered
Specialty drugs – including most self-injectables ¹¹	20% ³	Not covered	20% ³	Not covered

Footnotes can be found on page 32.

Health Net High Deductible Plan

<i>Benefit description</i>	<i>HD2600-2-5500</i>	
Metal level	Silver	
Deductible – individual / family ¹	\$2,600 / \$5,200	
Out-of-pocket maximum (single / family) ²	\$5,500 / \$11,000	
Network	In-network	Out-of-network
Coinsurance	20%	40%
<i>Physician / Professional / Outpatient care</i>		
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam	No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	20%	40%
Specialty physician services – office visits to providers in specialties other than above	20%	40%
Urgent care – physician services	20%	20%
Physician hospital visits	20%	40%
Diagnostic – X-ray/EKG/ultrasound	20%	40%
Diagnostic – laboratory tests	20%	40%
Deductible waived on lab and X-ray	No	No
Imaging – CT/MRI/PET/SPECT/EEG	20%	40%
Deductible waived on imaging	No	No
Allergy and therapeutic injections	20%	40%
Maternity delivery care – professional services	20%	40%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum	20%	40%
Outpatient at ambulatory surgery center ⁴	15%	40%
Outpatient at hospital-based facility	20%	40%
<i>Hospital care</i>		
Inpatient services ⁵	20%	40%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum	20%	40%
<i>Emergency services</i>		
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network	20%	20%
Inpatient admission from emergency room	20%	40%
Ambulance services – ground and air	20%	20%
<i>Behavioral services – chemical dependency and mental or nervous conditions</i>		
Physician services – office visit ⁶	20%	40%
Outpatient services ⁶	20%	40%
Inpatient services ⁶	20%	40%
<i>Other services</i>		
Durable medical equipment	20%	40%
Diabetes management – one initial program ⁷	20%	40%
Hearing aids ⁸	20%	40%
Home health visits	20%	40%
Medical supplies – including allergy serum and injected substances ⁷	20%	40%
Prosthetic devices/Orthotic devices ⁹	20%	40%
Skilled nursing facility care – 60-day annual maximum	20%	40%
Outpatient chemotherapy – non-oral anticancer medications and administration	20%	40%
Pharmacy¹⁰		
Generic / Brand preferred / Non-preferred	20%	Not covered
Specialty drugs – including most self-injectables ¹¹	20%	Not covered

Footnotes can be found on page 32.

Health Net State Standardized Plans

Benefit description		Health Net Oregon Standard Gold Plan	
Metal level		Gold	
Deductible – individual / family ¹		\$1,250 / \$2,500	
Out-of-pocket maximum (single / family) ²		\$6,350 / \$12,700	
Network		In-network	Out-of-network (MAA)
Coinsurance		10%	40%
Physician / Professional / Outpatient care			
Preventive care – men's and women's health care – Pap test, breast exam, pelvic exam, PSA test, and digital rectal exam		No charge	No charge
Physician office visits – includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology		\$20 ³	40%
Specialty physician services – office visits to providers in specialties other than above		\$40 ³	40%
Urgent care – physician services		\$60 ³	\$60 ³
Physician hospital visits		10%	40%
Diagnostic – X-ray/EKG/ultrasound		10%	40%
Diagnostic – laboratory tests		10%	40%
Deductible waived on lab and X-ray		No	No
Imaging – CT/MRI/PET/SPECT/EEG		10%	40%
Deductible waived on imaging		No	No
Allergy and therapeutic injections		10%	40%
Maternity delivery care – professional services		10%	40%
Outpatient rehabilitation and habilitation therapy – 30 visits annual maximum		\$20 ³	40%
Outpatient at ambulatory surgery center ⁴		10%	40%
Outpatient at hospital-based facility		10%	40%
Hospital care			
Inpatient services ⁵		10%	40%
Inpatient rehabilitation and habilitation therapy – 30-day annual maximum		10%	40%
Emergency services			
Outpatient emergency room services – copay waived if admitted; no MAA out-of-network		10%	10%
Inpatient admission from emergency room		10%	40%
Ambulance services – ground and air		10%	10%
Behavioral services – chemical dependency and mental or nervous conditions			
Physician services – office visit ⁶		\$20 ³	40%
Outpatient services ⁶		10%	40%
Inpatient services ⁶		10%	40%
Other services			
Durable medical equipment		10%	40%
Diabetes management – one initial program ⁷		\$20 ³	40%
Hearing aids ⁸		10%	40%
Home health visits		10%	40%
Medical supplies – including allergy serum and injected substances ⁷		10%	40%
Prosthetic devices/Orthotic devices ⁹		10%	40%
Skilled nursing facility care – 60-day annual maximum		10%	40%
Outpatient chemotherapy – non-oral anticancer medications and administration		10%	40%
Pharmacy ¹⁰			
Generic / Brand preferred / Non-preferred		\$10 / \$30 / 50% ³	Not covered
Specialty drugs – including most self-injectables ¹¹		50% ³	Not covered

Footnotes can be found on page 32.

Health Net Oregon Standard Silver Plan

Silver

\$2,500 / \$5,000

\$6,350 / \$12,700

In-network

30%

No charge

\$35³

\$70³

\$90³

30%

30%

30%

No

30%

No

30%

30%

30%

\$35³

30%

30%

30%

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\$35³

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\$35³

30%

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30%

30%

30%

\$15 / \$50 / 50%³

50%³

Out-of-network

50%

No charge

No charge

50%

50%

\$90³

50%

50%

50%

50%

No

50%

No

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50%

50%

50%

50%

50%

50%

50%

Not covered

Not covered

Health Net Oregon Standard Bronze Plan

Bronze

\$5,000 / \$10,000

\$6,350 / \$12,700

EPO Network

50%

No charge

No charge

\$60, after deductible

\$100, after deductible

\$120, after deductible

50%

50%

50%

50%

No

50%

No

50%

50%

\$60, after deductible

50%

50%

50%

50%

50%

50%

50%

50%

50%

50%

50%

50%

50%

\$60, after deductible

50%

50%

50%

50%

50%

50%

50%

50%

50%

50%

\$20 / \$80 / 50%, after deductible

50%, after deductible

Prescription drug coverage – now part of every medical plan

Every Health Net medical plan automatically includes prescription drug coverage. Prescription drug benefits include coverage for generic, brand and non-preferred drugs, as well as specialty pharmacy drugs provided through the CVS/caremark network. 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.

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 www.healthnet.com > *Brokers* > log in with your user name > *Sales Tools & Quoting* > *Plan and Benefit Information* > *Pharmacy Information*, then go to the "Drug Lists" box and click on your plan choice. 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. A 90-day supply is also available at a retail pharmacy, however, using the mail-order program is less expensive.

Pharmacy-dispensed women's contraceptive methods are covered at no charge to the member when dispensed at a retail pharmacy.

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 a significantly higher cost than traditional pharmacy benefit drugs. Specialty Pharmacy medications are shipped to the member or to his or her provider from an approved Specialty Pharmacy vendor. For most plans, small group members pay 20 percent to a maximum of \$200 (per fill, up to a 30-day supply).



Well Net¹

Small Group 2.0 preserves our added-value Well Net benefits. Well Net comes with all our plans except the State Standard plan.

Well Net includes chiropractic, acupuncture, naturopathic, and massage therapy services. Core coverage includes a combined Well Net maximum benefit per calendar year. Your small business clients have the choice to purchase a higher maximum benefit.

Plan	Office visit ²		Office visit massage therapy			Max/calendar year ^{3,4}
	In-network	Out-of-network	In-network	Out-of-network	Max visits/calendar year	Max/calendar year (all specialties combined)
Core CAM (included with plan)	\$20	N/A	\$25	N/A	9	\$500
CAM 15-1000	\$15	N/A	\$25	N/A	18	\$1,000
CAM 15-1500	\$15	N/A	\$25	N/A	27	\$1,500
CAM 15-1000 Plus includes out-of-network option	\$15	20%	\$25	20%	18 (in- and out-of-network combined)	\$1,000 (in- and out-of-network combined)

Contact Sales at
1-888-802-7001,
option 2. You can
also send a message
through our website at
www.healthnet.com.

¹See the supplemental benefit schedule for details, limitations and exclusions.

²Applies to chiropractic and acupuncture. Naturopath office visit is based on medical plan.

³Medical services provided by a naturopath do not apply to the alternative care calendar-year benefit limit.

⁴All copayments accumulate to the medical out-of-pocket maximum.

Complementary care

Health Net offers a full range of complementary care options to members, provided by American Specialty Health (ASH). With ASH, members can choose from a broad network of credentialed health care providers who offer alternative health care services.



Pediatric Vision and Dental

(Available to children up to age 19)



Pediatric vision

Highlights

- \$0 copayments for vision exams and lenses.
- Large network of independent providers, including optical retailers LensCrafters,

Pearle Vision, Sears Optical, JCPenney Optical, and Target Optical.

- Secondary purchase plan – discounts up to 40% on all covered materials and services once the initial benefit has been used.

Vision summary of benefits

Benefit	Copayment
Routine eye exam (limit: 1 per calendar year)	\$0
Lenses (limit: 1 per calendar year), including: <ul style="list-style-type: none"> • Single vision, bifocal, trifocal, lenticular • Glass or plastic 	\$0
Provider selected frames (limit: 1 per calendar year)	\$0
Optional lenses and treatments, including: <ul style="list-style-type: none"> • UV treatment • Tint (fashion, gradient and glass-grey) • Standard plastic scratch coating • Standard polycarbonate • Photocromatic / 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
Provider-selected contact lenses (in lieu of eyeglass lenses): <ul style="list-style-type: none"> • Disposable: <ul style="list-style-type: none"> Daily wear – up to 3-month supply of daily disposable, single vision Extended wear – up to 6-month supply of monthly or 2-week disposable, single vision • Conventional: 1 pair from selection of provider-designated contact lenses • Medically necessary¹ 	\$0

¹**Medically necessary contact lenses:** Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression.

Contact lenses may be determined to be medically necessary for the treatment of conditions, including, but not limited to, keratoconus, pathological myopia, aphakia, anisometropia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism.

Medically necessary contact lenses are dispensed in lieu of other eyewear. Participating providers will obtain the necessary preauthorization for these services.

Dental and vision benefits are underwritten by Health Net Health Plan of Oregon, Inc. Dental benefits are administered by Dental Benefit Providers, Inc. Vision benefits are administered by EyeMed Vision Care, LLC. Dental Benefit Providers, Inc. and EyeMed Vision Care, LLC are not affiliated with Health Net Health Plan of Oregon, Inc.

Pediatric dental

The Affordable Care Act requires that pediatric dental services be covered as one of the 10 required Essential Health Benefits. You can purchase pediatric dental coverage through Health Net or any certified carrier.

Highlights

- Choice of providers.
- Lower copayments by seeing Health Net participating providers for covered services.
- Any dental deductibles, copayments and/or coinsurance or other amounts do not apply toward the plan's medical deductible.

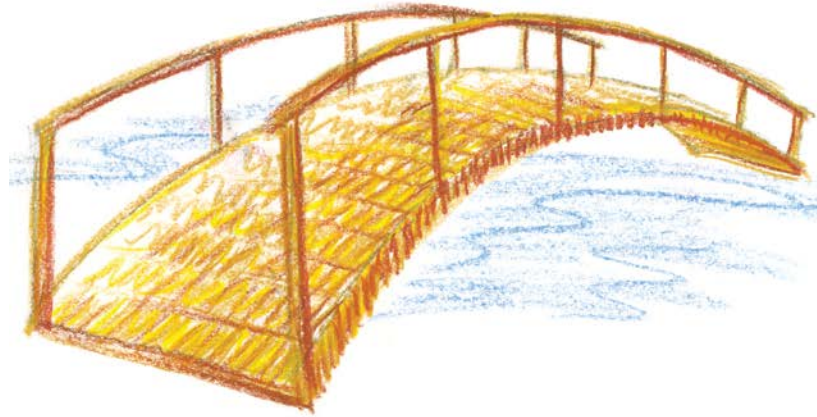


Dental summary of benefits

Benefit			
Annual deductible		\$100 deductible applies to all services	
Annual calendar year benefit maximum		None	
		Coinsurance	
		In-network	Out-of-network ²
Preventive			
Routine exams		0%	0%
Bitewing X-rays		0%	0%
Prophylaxis (cleanings)		0%	0%
Fluoride		0%	0%
Basic			
Sealants		50%	50%
Restorative		50%	50%
Space maintainers		50%	50%
Oral surgery		50%	50%
Endodontics		50%	50%
Periodontics		50%	50%
Major			
Crowns		50%	50%
Denture and bridge work		50%	50%
Orthodontics			
Medically necessary orthodontics		50%	50%

²Maximum Allowable Amount (MAA) is the amount Health Net Health Plan of Oregon, Inc. uses to calculate what we pay for necessary dental care provided by a nonparticipating provider. The MAA is determined by Health Net Health Plan of Oregon, Inc. based on data obtained on fees usually charged by providers for the same services within the same geographic areas.

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Ancillary Products

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

Optional Adult Vision¹

(Available to members age 19 and up)



Benefits	Elite E1010-1	Preferred 1025-2	Preferred 1025-3
Exam with dilation as necessary	\$10 copay	\$10 copay	\$10 copay
Exam options (fit and follow-up)			
Standard contact lenses	Up to \$55 copay	Up to \$55 copay	Up to \$55 copay
Premium contact lenses	10% discount	10% discount	10% discount
Eyewear, lenses and frames			
Single vision	\$10 copay	\$25 copay	\$25 copay
Bifocal	\$10 copay	\$25 copay	\$25 copay
Trifocal	\$10 copay	\$25 copay	\$25 copay
Lenticular	\$10 copay	\$25 copay	\$25 copay
Standard progressive lenses	\$75 copay	\$90 copay	\$90 copay
Premium progressive lenses	\$75 copay, then 80% of total charges less \$120 allowance	\$90 copay, then 80% of total charges less \$120 allowance	\$90 copay, then 80% of total charges less \$120 allowance
Retail allowance for any frames at provider location	\$150 plus 20% off balance over allowance	\$100 plus 20% off balance over allowance	\$100 plus 20% off balance over allowance
Lens options			
UV coating	\$15	\$15	\$15
Tint (solid and gradient)	\$15	\$15	\$15
Standard scratch-resistant	\$15	\$15	\$15
Standard polycarbonate	\$40	\$40	\$40
Standard anti-reflective	\$45	\$45	\$45
Other add-ons and services	20% discount	20% discount	20% discount
Contact lenses			
(Includes materials only)	\$120 allowance	\$90 allowance	\$90 allowance
Conventional	\$0 copay plus 15% discount off balance over allowance	\$0 copay plus 15% discount off balance over allowance	\$0 copay plus 15% discount off balance over allowance
Disposables	\$0 copay plus balance over allowance	\$0 copay plus balance over allowance	\$0 copay plus balance over allowance
Medically necessary	Paid in full	Paid in full	Paid in full
Laser vision correction			
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
Secondary purchase plan			
Discounts on eyewear purchases after initial benefits used	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail	Scheduled benefits up to 40% off retail
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 24 months
Frames	Once every 12 months	Once every 24 months	Once every 24 months

¹Members receive an out-of-network allowance for all plans, including exam with dilation as necessary up to a \$40 allowance; standard plastic lenses up to allowances of \$40 (single vision), \$60 (bifocal) or \$80 (trifocal or lenticular), as applicable; retail allowance for any frame at provider location up to a \$45 allowance; and contact lenses up to a \$105 allowance. Refer to the contract for terms and conditions of coverage. Members will receive a 20 percent discount on the remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers. The discount does not apply to the provider's professional services or to contact lenses. Retail prices may vary by location. Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time-use benefits; no remaining balance. Lost or broken materials are not covered.

Optional Adult Dental

(Available to members age 19 and up)

Benefits	Plus D50-1855-1500	Value D50-185-1500V	Preferred Plus DP50-1855-1500	Essentials D50-16-500
Annual deductible per person	\$50	\$50	\$50	\$50
Annual deductible per family	\$150	\$150	\$150	N/A
Annual plan maximum per person	\$1,500	\$1,500	\$1,500	\$500
Lifetime orthodontic services per person	\$1,500	Not covered	\$1,500	Not covered
	In-network / out-of-network	In-network / out-of-network	In-network / out-of-network	In-network / out-of-network
Diagnostic and preventive ¹	0%	0%	0% / 20%	0% / 20%
Basic services	20%	20%	20% / 40%	40% / 50%
Endodontic, periodontal and oral surgery	20%	50%	20% / 40%	Not covered
Major services	50%	50%	50% / 50%	Not covered
Orthodontic services	50%	Not covered	50% / 50%	Not covered

¹The deductible does not apply to diagnostic and preventive services.

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 on both medical and dental, however, the subscriber can choose which dependents will participate in 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

- Includes orthodontia.
- Endodontics, periodontia and oral surgery are reimbursed at tier 2 (Major).
- Hold harmless on MAA if network provider used; otherwise, no benefit distinction in- versus out-of-network.
- MAA is 90th percentile of Health Insurance Association of America (HIAA).

Value plan

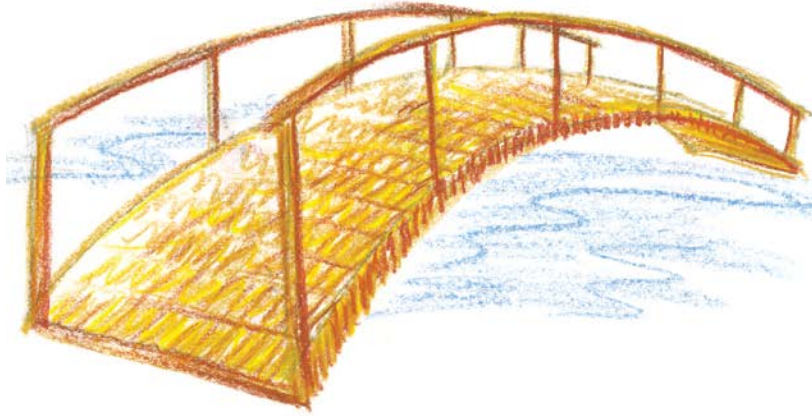
- No orthodontia.
- Endodontics, periodontia and oral surgery are covered at tier 3 (Major).
- Hold harmless on MAA if network provider used; otherwise, no benefit distinction in- versus out-of-network.
- MAA is 90th percentile of HIAA.

Preferred plus plan

- PPO-type dental plan, higher benefit in-network.
- DP 50: Endodontics, periodontia and oral surgery are reimbursed at tier 2 (Basic) and include orthodontia.
- MAA is 90th percentile of HIAA for out-of-network.

Essential plan

- No orthodontia.
- Covers preventive and basic services only, no major services.



More *Helpful* Information

More Than an ID Card

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.
- Take advantage of discounts on health products and services.

Focus on early access & 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're doing outreach –

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 for Health Net to know how best to meet their health needs. From there, we can connect people to 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.

Personal support – online and on the go

Self-service at www.healthnet.com

HealthNet.com guides your clients and their employees to the information they need with intuitive navigation and useful links. Bookmark www.healthnet.com for fast and easy access to benefit information, wellness programs, ID cards, and more! 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. Plus, users can print or download search results.



Josefina Bravo,
Health Net
*We're motivated by
local needs to generate
new ideas.*

On the go with Health Net Mobile

Keeping track of the details – even critical details like health care information – can be daunting with our on-the-go, 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 often means there isn't enough time 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. From there, information is entered to:

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

For first-time users, go to www.healthnet.com 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 like this: 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. It's all part of the Health Net experience!



Footnotes

This brochure and benefit schedule present 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.

CommunityCare 1T and 3T footnotes and disclaimers

- ¹Members must meet the specified deductible each calendar year (January 1 through December 31) before Health Net pays any claims.
- ²The annual out-of-pocket maximum includes the annual deductible. After reaching the out-of-pocket maximum in a calendar year, we will pay covered services during the rest of that calendar year at 100 percent of our contract rates for in-network services, and at 100 percent of the maximum allowable amount (MAA) for out-of-network services. Member is still responsible for out-of-network billed charges that exceed the maximum allowable amount.
- ³Deductible is waived.
- ⁴Five percent coinsurance savings when receiving services at a contracted outpatient ambulatory surgery center (ASC).
- ⁵Coinsurance for inpatient hospital services is applicable for each admission for the hospitalization of an adult, pediatric or newborn patient. If a newborn patient requires admission to an intermediate or intensive care nursery, a separate coinsurance for inpatient hospital services will apply.
- ⁶Benefits are administered by MHN Services, an affiliate behavioral health administrative services company which provides behavioral health services.
- ⁷Members are eligible for no-cost benefits for diabetes management from the beginning of a pregnancy for up to six weeks postpartum. For more information, please contact our Customer Contact Center.
- ⁸Age limits apply. Refer to the "Hearing Aids" section of the Basic Benefit Schedule.
- ⁹Corrective shoes and arch supports, including foot orthotics, are excluded unless prescribed in the course of treatments for, or complications from, diabetes.
- ¹⁰Member pharmacy expenses accumulate toward the medical plan OOPM.
- ¹¹Members pay 20% to a maximum of \$200 per fill, up to a 30-day supply; 20% to a maximum of \$600 per fill, up to a 90-day supply. Certain drugs identified on the Essential Rx 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 have significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.

PPO Advantage, PPO Essentials, High Deductible, and Standard plans' footnotes and disclaimers

- ¹Members must meet the specified deductible each calendar year (January 1 through December 31) before Health Net pays any claims.
- ²The annual out-of-pocket maximum includes the annual deductible. After reaching the out-of-pocket maximum in a calendar year, we will pay covered services during the rest of that calendar year at 100 percent of our contract rates for in-network services, and at 100 percent 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.
- ³Deductible is waived.
- ⁴Five percent coinsurance savings when receiving services at a contracted outpatient ambulatory surgery center (ASC).
- ⁵Coinsurance for inpatient hospital services is applicable to each admission for the hospitalization of an adult, pediatric or newborn patient. If a newborn patient requires admission to an intermediate or intensive care nursery, a separate coinsurance for inpatient hospital services will apply.
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- ¹²Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse and child(ren). Under family coverage, each member's covered expenses count toward the deductible, but the specified family coverage deductible must be met before Health Net pays any claims.



We are your Health Net

Sales Made Simple. Health Net has you covered with Small Group 2.0! Small Group 2.0 connects 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, and select option 2.
- Visit us online at www.healthnet.com/broker.
- See ACA-related information at www.healthnet.com/broker/reformguide.

www.healthnet.com

This is only a summary of covered benefits. Please read the program documents for more information. 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.

For PPO plans: When services are performed by a provider who is not in our PPO network, the member's 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 the member 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 the member's annual out-of-pocket maximum. Members are responsible for any amounts that exceed our MAA payment.

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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