

# INDIVIDUAL & FAMILY PLANS BENEFITS OVERVIEW

Effective October 1, 2009 through September 30, 2010



**Health Net<sup>®</sup>**  
A BETTER DECISION



# GET MORE FROM HEALTH NET. THE CHOICE BELONGS TO YOU.

*Looking for a health plan that lets you take more control of your health care decisions? Look no further. Families. Singles. Early Retirees. Young Adults. People without group coverage. Find your health plan right here.*

## **DIAMOND 15**

Deductible choices help manage your health care budget. In-network doctor visits are always just \$15 – no deductible. Preventive benefits, additional accident waiver, and Well Net program benefits make this PPO plan our most popular choice for all ages, including children.

## **EMERALD 40**

Save on premium dollars. See your doctor in-network and pay just \$40 per visit. No deductible applies for office visits or preventive care. Accidental injury deductible waiver included for even more peace of mind.

## **PEARL 25 HMO**

This plan offers comprehensive care benefits with a simple \$25 office visit copay, preventive care benefits, and Well Net benefits such as chiropractic, naturopathy, acupuncture and massage therapy. Available to residents of Clackamas, Multnomah and Washington counties.

## **CRYSTAL HDHP**

Looking for a qualified high deductible health plan (HDHP) to combine with a Health Savings Account to manage your health care spending? Pick from two HDHP styles.

- 100% Plans: We pay 100% on covered in-network benefits after your deductible is met.
- 80% Plans: After the deductible, this plan pays 80% in-network until you reach your out-of-pocket maximum safety net.

## **TOPAZ FIRST DOLLAR**

Relax - the first \$250 is on us. A first-dollar benefit means you get an immediate spending allowance for a variety of services before you are required to meet a deductible. A variety of deductibles helps manage your health care budget. Round that out with alternative care benefits, preventive services, and an accidental injury deductible waiver for a winning combination.

## **GARNET 50%**

If a lower plan premium is important, this plan offers one of the lowest rates available. Choose a zero deductible plan to access benefits right away. Choose the high deductible option if you want a “back-up” plan after you pay for the small stuff. In either case, this plan covers benefits at 50% until you reach the out-of-pocket maximum safety net. Then, we pay 100% for the rest of the calendar year.

## **DENTAL & VISION PLAN OPTION**

It's easy to add dental and vision to your Health Net plan. Health Net Dental lets you choose the dentist. Vision exams and vision correction are a snap with Health Net Vision, which includes simple copays when you choose in-network providers.

Visit our website to get a rate quote  
[www.healthnet.com/quote](http://www.healthnet.com/quote)

# YOUR FAMILY'S HEALTHY BALANCE

## How to get the most from your health plan

You take good care of your children. You give them healthy food to eat, encourage them to play and get exercise, and bandage their knees when they fall down. But sometimes your children need more than a band-aid. That's when Health Net is there for you.

### KEEPING YOUR FAMILY HEALTHY

At Health Net we understand the needs of you and your family and have created health plans to fit your lifestyle and your children's health needs. According to the U.S. Department of Health and Human Services, children who have health insurance have a better chance of being healthy. Health insurance, like Health Net's Individual & Family plans, allows children to get low cost medical care that's designed to keep them healthy, including immunizations and treatment for recurring illnesses like ear infections or asthma.

But keeping your family healthy involves more than just keeping your children well. Parents must be healthy too. That's why Health Net offers a choice of affordable, simple, wide-ranging plans for both you and your family with premiums to fit most every need.

### THE RIGHT PLAN FOR YOUR FAMILY

If you're looking for health coverage for you and your family, look closely at Health Net's plans. We offer the programs and benefits you need to keep your family in top shape.

- **Office visits** – Children and parents who have health insurance are more likely to have a relationship with the same doctor over time, receive regular checkups, and have their medical, dental, vision, and other health care needs met.
  - Our most popular Individual & Family plan – Diamond 15 PPO plan, offers a \$15 in-network office copay. Or if you live in the greater Portland area, you may prefer our Pearl 25 HMO plan with its \$25 office copay.



- **Well-baby care** – Doctor visits during the first two years of your baby's life are key to ensuring their good health.
  - Just an office visit copay for Diamond 15 and Pearl 25 – no need to meet your deductible to access this benefit.
- **Prenatal care** – The sooner in your pregnancy you get prenatal care, the better your chances of ensuring your own health and that of your baby.
  - Health Net's Pregnancy Matters Prenatal Program gives you the information and tools you need to ensure your pregnancy gets off to a healthy start.
- **Well-child care** – Regular visits with your pediatrician will help monitor and protect your child during each growth phase.
  - Our most popular plans offer frequency of exams covered according to American Academy of Pediatrics recommendations.

- **Immunizations** – Immunizations can help protect your child from many common infections. It is always better to prevent a disease than to treat it.
  - Our most popular plans include immunizations in their preventive health benefits – no need to meet your deductible to access this benefit.
- **Caring for children with asthma or diabetes** – Parents play an important role in managing their child’s chronic conditions.
  - Decision Power<sup>SM</sup> is a decision-support program that helps Health Net members make healthcare choices that are right for them. Members can access the program online or by telephone to get information and support.
- **Healthy eating and fitness** – Good nutrition is important to your child’s overall health. Healthy eating habits and regular exercise should be a part of every family’s life.
  - HealthyRoads for Living<sup>TM</sup> coaches are available to talk with members about nutrition and fitness for parents and children.
- **Child safety** – Keeping your child safe is just as important as keeping him or her healthy.
  - Our Safe Beginnings Program offers discounts for child proofing and home safety products. And our Heads Up! Bike Safety Program promotes helmet safety and gives enrolled children ages 1 to 16 a complimentary helmet.

- **Dental benefits** – Healthy teeth and gums give more than a great smile, they’re an important part of good overall health.
  - A combined dental and vision rider allows you to purchase dental coverage for your children at a low monthly fee.
- **Vision benefits** – Early detection and treatment of eye problems are essential to a child’s visual health.
  - A combined dental and vision rider allows you to purchase vision coverage for your children at a low monthly fee.

Health Net wants you and your family to live a healthy and balanced life. That begins with the peace of mind of knowing your health care needs are covered. And with Health Net’s Individual & Family Plans, you’re sure to find the plan that’s just the right fit and the peace of mind that comes with it.



Learn more about Health Net’s child and parent-friendly benefits and wellness programs by calling us at 1-800-672-5941.

# OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

BENEFIT DESCRIPTION	DIAMOND 15 PPO		EMERALD 40 PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	
<b>DEDUCTIBLE CHOICES</b> The deductible coverage year (CY) is January 1 through December 31	Choice of \$250, \$500, \$1,000, \$2,500, \$5,000 or \$7,500 <sup>4,5</sup> Family = 3x individual		Choice of \$1,000, \$2,500, \$5,000, \$7,500 or \$10,000 <sup>4,5</sup> Family = 3x individual	
<b>LIFETIME MAXIMUMS</b>	\$2 million combined		\$2 million combined	
<b>OUT-OF-POCKET MAXIMUM (OPM)</b>				
Individual	\$4,000 <sup>7</sup>	\$12,000 <sup>7</sup>	\$6,000 <sup>7</sup>	\$18,000 <sup>7</sup>
Family	\$12,000 <sup>7</sup>	\$36,000 <sup>7</sup>	\$18,000 <sup>7</sup>	\$54,000 <sup>7</sup>
<b>PROFESSIONAL SERVICES</b>				
Office visit	\$15 <sup>6</sup>	50% MAA	\$40 <sup>6</sup>	50% MAA
Urgent care center	\$50	\$50 MAA	\$50	\$50 MAA
Well baby care (8 exams in the first 24 months)	\$15 <sup>6</sup>	50% MAA <sup>6</sup>	\$40 <sup>6</sup>	50% MAA <sup>6</sup>
Woman's and men's health care – Pap test, breast exam, pelvic exam, PSA test and digital rectal exams	\$15 per visit <sup>6</sup>	50% MAA <sup>6</sup>	\$40 <sup>6</sup>	50% MAA <sup>6</sup>
X-ray and laboratory procedures	30%	50% MAA	30%	50% MAA
<b>OUTPATIENT SERVICES</b>				
Outpatient or ambulatory care center	20%	50% MAA	30%	50% MAA
Outpatient rehab therapy (\$2,500/year max.)	20%	50% MAA	30%	50% MAA
Outpatient facility services (other than surgery)	20%	50% MAA	30%	50% MAA
<b>MATERNITY CARE</b>				
Physician services for maternity care	30%	50% MAA	30%	50% MAA
<b>HOSPITALIZATION SERVICES</b>				
Inpatient hospital care	20%	50% MAA	30%	50% MAA
Skilled nursing facility (60 days per year max.)	20%	50% MAA	30%	50% MAA
Inpatient rehab therapy (30 days per year max.)	20%	50% MAA	30%	50% MAA
<b>EMERGENCY HEALTH COVERAGE</b>				
Outpatient emergency room services	30%	50% MAA	30% <sup>8</sup>	50% MAA
Inpatient admission from emergency room	20%	20% MAA	30%	30% MAA
Emergency ambulance (\$3,000 per year max.)	20% (MAA applies to out-of-network providers)		30% (MAA applies to out-of-network providers)	
<b>PRESCRIPTION DRUG COVERAGE***</b>	\$100 Rx deductible, up to \$4,000 per year		\$100 Rx deductible, up to \$2,000 per year	
Tier 1 and Tier 2 drug list	50%		50%	
Tier 3 and Specialty	You pay 100%***		You pay 100%***	
<b>PREVENTIVE BENEFITS</b>				
Routine physical prostate screening, vision screening	Preventive included <sup>6</sup>		Preventive included <sup>6</sup>	
<b>WELL NET COMPLEMENTARY CARE</b> (\$500 annual benefit)	Well Net included		Not included	
Chiro, acupuncture, naturopathy	\$20 copay		Not included	
Massage therapy	\$25 copay/9 visits		Not included	

## NOTES OF INTEREST

Well Net complementary care program provides services through ASH provider network, and is not subject to a deductible.

The CY deductible for PPO plans is waived for services requiring a copayment and for covered preventive care benefits. Copayments do not apply toward your OPM

## PEARL 25 HMO PLAN

You do not have to pay a deductible for medical coverage with the HMO plan. Prescription drug coverage has a deductible and an annual maximum. Your benefits are subject to copayments listed in this schedule. You must select a Primary Care Provider (PCP) from our HMO network. Your PCP coordinates your health care. Certain services are covered only if provided by a designated Specialty Care provider.

<sup>3</sup>After you reach the OPM Copayment maximum in a Calendar Year, we will pay your covered HMO services during the rest of that Calendar Year at 100% of our HMO contract rates

This benefit chart presents general information only. Refer to the contract for details, limitations and exclusions.

# OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

BENEFIT DESCRIPTION	PEARL HMO
	HMO NETWORK
<b>DEDUCTIBLE CHOICES</b> The deductible coverage year (CY) is January 1 through December 31	No deductible
<b>LIFETIME MAXIMUMS</b>	Unlimited
<b>OUT-OF-POCKET MAXIMUM (OPM)</b> Individual	\$4,000 single <sup>3</sup>
Family	\$12,000 family <sup>3</sup>
<b>PROFESSIONAL SERVICES</b> Office visit	\$25
Urgent care center	\$50
Well baby care (8 exams in the first 24 months)	\$25
Woman's and men's health care – Pap test, breast exam, pelvic exam, PSA test and digital rectal exams	\$25
X-ray and laboratory procedures	30%
<b>OUTPATIENT SERVICES</b> Outpatient or ambulatory care center	\$250
Outpatient rehab therapy (\$2,500/year max.)	\$10
Outpatient facility services (other than surgery)	\$250
<b>MATERNITY CARE</b> Physician services for maternity care	\$500 per pregnancy
<b>HOSPITALIZATION SERVICES</b> Inpatient hospital care	\$400 per day (until OPM met)
Skilled nursing facility (60 days per year max.)	no charge
Inpatient rehab therapy (30 days per year max.)	\$400 per day (until OPM met)
<b>EMERGENCY HEALTH COVERAGE</b> Outpatient emergency room services	\$250
Inpatient admission from emergency room	\$400 per day (until OPM met)
Emergency ambulance (\$3,000 per year max.)	20% (MAA applies to out-of-network providers)
<b>PRESCRIPTION DRUG COVERAGE***</b> Tier 1 and Tier 2 drug list	\$100 Rx deductible, up to \$2,000 per year 50%
Tier 3 and Specialty	You pay 100%***
<b>PREVENTIVE BENEFITS</b> Routine physical prostate screening, vision screening	Preventive included <sup>6</sup>
<b>WELL NET COMPLEMENTARY CARE</b> (\$500 annual benefit) Chiro, acupuncture, naturopathy	Well Net included \$20 copay
Massage therapy	\$25 copay/9 visits



## PPO PLANS

\*\*Diamond 15 and Emerald 40 plans include an Additional Accident benefit. Upon approval, the Calendar Year deductible will be waived for an accidental injury. The waiver will apply only for that day's treatment in the ER or Urgent Care. The ER or Urgent Care Copay or coinsurance will still apply. The Waiver Request form is available through Customer Service, and must be filed within 90 days of the injury.

<sup>4</sup>Unless otherwise specified, you must meet the Calendar Year deductible before Health Net pays any claims.

<sup>5</sup>Your deductible payments do not apply to the annual out-of-pocket maximum.

<sup>6</sup>The CY deductible is waived.

<sup>7</sup>The annual out-of-pocket maximum does not include the annual deductible. After you reach the out-of-pocket maximum in a calendar year, we will pay your covered services during the rest of that calendar year at 100% of our contract rates for PPO services and at 100% of MAA for out-of-network (OON) services. You are still responsible for OON billed charges that exceed MAA.

## PRESCRIPTION DRUG PROGRAM

\*\*\*In Pharmacy: Prescription drugs may be filled at a participating pharmacy (up to a 30-day supply). Mail Order: Prescription drugs may be filled through our participating mail pharmacy (up to a 90 supply).

When Tier 3 brand name drugs are not covered, members will still have the advantage of Health Net's pharmacy discounts.

# OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

BENEFIT DESCRIPTION	CRYSTAL HDHP 100% PLANS HSA-eligible high deductible health plan		CRYSTAL HDHP 80% PLANS HSA-eligible high deductible health plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE CHOICES</b> The deductible coverage year (CY) is January 1 through December 31	Individual: \$2,000 or \$5,000 <sup>1</sup> Family: \$4,000 or \$10,000 <sup>1</sup>	Individual: \$4,000 or \$10,000 <sup>1</sup> Family: \$8,000 or \$20,000 <sup>1</sup>	Individual: \$1,500, \$2,500 or \$3,500 <sup>1</sup> Family: \$3,000, \$5,000 or \$7,000 <sup>1</sup>	Individual: \$3,000, \$5,000 or \$7,000 <sup>1</sup> Family: \$6,000, \$10,000 or \$14,000 <sup>1</sup>
<b>LIFETIME MAXIMUMS</b>	\$2 million combined		\$2 million combined	
<b>OUT-OF-POCKET MAXIMUM (OPM)</b> Individual	Same as deductible <sup>2</sup>	2x deductible <sup>2</sup>	\$5,000 <sup>2</sup>	\$15,000 <sup>2</sup>
Family	Same as deductible <sup>2</sup>	2x deductible <sup>2</sup>	\$10,000 <sup>2</sup>	\$30,000 <sup>2</sup>
<b>PROFESSIONAL SERVICES</b> Office visit	No charge	50% MAA	20%	50% MAA
Urgent care center	No charge	50% MAA	20%	50% MAA
Well baby care (8 exams in the first 24 months)	No charge <sup>3</sup>	50% MAA <sup>3</sup>	20% <sup>3</sup>	50% MAA <sup>3</sup>
Woman's and men's health care – Pap test, breast exam, pelvic exam, PSA test and digital rectal exams	No charge <sup>3</sup>	50% MAA <sup>3</sup>	20% <sup>3</sup>	50% MAA <sup>3</sup>
X-ray and laboratory procedures	No charge	50% MAA	20%	50% MAA
<b>OUTPATIENT SERVICES</b> Outpatient or ambulatory care center	No charge	50% MAA	20%	50% MAA
Outpatient rehab therapy (\$2,500/year max.)	No charge	50% MAA	20%	50% MAA
Outpatient facility services (other than surgery)	No charge	50% MAA	20%	50% MAA
<b>MATERNITY CARE</b> Physician services for maternity care	No charge	50% MAA	20%	50% MAA
<b>HOSPITALIZATION SERVICES</b> Inpatient hospital care	No charge	50% MAA	20%	50% MAA
Skilled nursing facility (60 days per year max.)	No charge	50% MAA	20%	50% MAA
Inpatient rehab therapy (30 days per year max.)	No charge	50% MAA	20%	50% MAA
<b>EMERGENCY HEALTH COVERAGE</b> Outpatient emergency room services	No charge	50% MAA	20%	50% MAA
Inpatient admission from emergency room	No charge	No charge MAA	20%	20% MAA
Emergency ambulance (\$3,000 per year max.)	No charge	No charge MAA	20%	20% MAA
<b>PRESCRIPTION DRUG COVERAGE***</b>	Subject to medical deductible		Subject to medical deductible	
Tier 1 and Tier 2 drug list	No charge		50%	
Tier 3 and Specialty	You pay 100%***		You pay 100%***	
<b>PREVENTIVE BENEFITS</b> Routine physical prostate screening, vision screening	Included		Included	

## NOTES OF INTEREST

The CY deductible for PPO plans is waived for services requiring a copayment and for covered preventive care benefits. Copayments do not apply toward your OPM. High deductible Health Plans

<sup>1</sup>The deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims. With this plan, the deductible applies to the annual out-of-pocket maximum. Family 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.

<sup>2</sup>The annual out-of-pocket maximum (OPM) is included in the annual deductible.

<sup>3</sup>The deductible is waived.

## PRESCRIPTION DRUG PROGRAM

\*\*\*In Pharmacy: Prescription drugs may be filled at a participating pharmacy (up to a 30-day supply). Mail Order: Prescription drugs may be filled through our participating mail pharmacy (up to a 90 supply).

When Tier 3 brand name drugs are not covered, members will still have the advantage of Health Net's pharmacy discounts.



# OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

BENEFIT DESCRIPTION	TOPAZ FIRST DOLLAR PPO		GARNET 50% PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE CHOICES</b> The deductible coverage year (CY) is January 1 through December 31	Choice of \$250, \$1,000, \$6,000, or \$10,000 <sup>4,5</sup> (\$250 Immediate Spending Allowance <sup>6</sup> Family = 3x Individual)		Choose either \$0 deductible or \$10,000 deductible <sup>4,5</sup>	
<b>LIFETIME MAXIMUMS</b>	\$2 million combined		\$2 million combined	
<b>OUT-OF-POCKET MAXIMUM (OPM)</b>				
Individual	\$6,000	\$12,000	\$10,000	\$20,000
Family	\$18,000	\$36,000	\$30,000	\$60,000
<b>PROFESSIONAL SERVICES</b>				
Office visit	25%	50% MAA	50%	50% MAA
Urgent care center	25%	50% MAA	50%	50% MAA
Well baby care (8 exams in the first 24 months)	25% <sup>6</sup>	50% MAA	Not covered	Not covered
Woman's and men's health care – Pap test, breast exam, pelvic exam, PSA test and digital rectal exams	25% <sup>6</sup>	50% MAA	50% <sup>6</sup>	50% MAA
X-ray and laboratory procedures	25%	50% MAA	50%	50% MAA
<b>OUTPATIENT SERVICES</b>				
Outpatient or ambulatory care center	25%	50% MAA	50%	50% MAA
Outpatient rehab therapy (\$2,500/year max.)	25%	50% MAA	50%	50% MAA
Outpatient facility services (other than surgery)	25%	50% MAA	50%	50% MAA
<b>MATERNITY CARE</b>	25%			
Physician services for maternity care		50% MAA	50%	50% MAA
<b>HOSPITALIZATION SERVICES</b>				
Inpatient hospital care	25%	50% MAA	50%	50% MAA
Skilled nursing facility (60 days per year max.)	25%	50% MAA	50%	50% MAA
Inpatient rehab therapy (30 days per year max.)	25%	50% MAA	50%	50% MAA
<b>EMERGENCY HEALTH COVERAGE</b>				
Outpatient emergency room services	25%	50% MAA	50%	50% MAA
Inpatient admission from emergency room	25%	25% MAA	50%	20% MAA
Emergency ambulance (\$3,000 per year max.)	25% (MAA applies to Out-of-Network providers)		50% (MAA applies to Out-of-Network providers)	
<b>PRESCRIPTION DRUG COVERAGE***</b>	\$100 Rx deductible, up to \$4,000 per year		\$100 Rx deductible, up to \$2,000 per year	
Tier 1 and Tier 2 drug list	50%		50%	
Tier 3 and Specialty	You pay 100%***		You pay 100%***	
<b>PREVENTIVE BENEFITS</b>				
Routine physical prostate screening, vision screening	Preventive included <sup>6</sup>		Not included	
<b>WELL NET COMPLEMENTARY CARE</b> (\$500 annual benefit)	Well Net included		Not included	
Chiro, acupuncture, naturopathy	\$20 copay			
Massage therapy	\$20 copay/9 visits			

## NOTES OF INTEREST

The CY deductible for PPO plans is waived for services requiring a copayment and for covered preventive care benefits. Copayments do not apply toward your OPM.

High deductible Health Plans

<sup>1</sup>The deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims. With this plan, the deductible applies to the annual out-of-pocket maximum. Family 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.

<sup>2</sup>The annual out-of-pocket maximum (OPM) is included in the annual deductible.

<sup>3</sup>The deductible is waived.

## PRESCRIPTION DRUG PROGRAM

\*\*\*In Pharmacy: Prescription drugs may be filled at a participating pharmacy (up to a 30-day supply). Mail Order: Prescription drugs may be filled through our participating mail pharmacy (up to a 90 supply).

When Tier 3 brand name drugs are not covered, members will still have the advantage of Health Net's pharmacy discounts.

# ADD A SMILE AND CLEAR VISION TO YOUR HEALTH PLAN

Tailor your health benefits to fit your lifestyle. Now, with Health Net's Dental and Vision Plan you can add Dental and Vision benefits to any Health Net Individual & Family Plan starting around \$30 per month. You're covered no matter which dentist<sup>1</sup> or vision provider<sup>2</sup> you see. Take a look at a few highlights below.

## INDIVIDUAL & FAMILY VISION

### *Vision Exams*

- You pay \$10, and we pay the rest for covered services.

### *Lenses and Frames*

- You pay a \$25 copay for lenses and we pay the rest for covered services.
- Frames covered up to \$100 allowance. Then, 20% discount on any balance.
- Contact Lens allowance up to \$90 for conventional or disposables.

### *Lens Options include*

- UV coating, solid and gradient tint, standard scratch resistance, standard polycarbonate, standard progressive lenses, standard anti-reflective coating and more. Copays vary by lens option.
- Receive 20 percent off other lens add-ons and services.

### *Laser Vision Correction*

- **15% off retail price or 5% off promotional price**

## INDIVIDUAL & FAMILY DENTAL

### *Diagnostic and Preventive Services*

- No Plan deductible and no waiting period
- Plan pays 80% for services such as oral exams, cleaning, X-rays, fluoride treatments and more.

### *Basic Services*

- No waiting period
- Plan pays 80% for services such as amalgam and resin fillings, space maintainers, palliative treatment (pain relief), and more.

### *Major Services*

- Plan pays 50% for services such as crowns, inlays, dentures, root canal treatment, periodontal treatment, extractions, and more.
- 12-month waiting period

There is an annual deductible amount you pay before your plan begins paying for Basic or Major services: \$50 per individual, \$150 per family.

Annual maximum benefit for all services combined is \$1,000 for each Plan member.

Through the Health Net website – [www.healthnet.com](http://www.healthnet.com) – plan members can calculate treatment costs, find a network provider and track dental claims.



<sup>1</sup>You can see any licensed dentist and receive benefits for covered services. If you see a participating provider, charges for covered services will be limited to Health Net's contracted amount with the provider.

<sup>2</sup>When you see a participating provider, charges for covered services will be limited to Health Net's contracted amount with the provider. If you see a non-participating provider, you are reimbursed for selected services up to a specific reimbursement level.

# GET THE MOST FROM YOUR HEALTH PLAN

When it comes to improving their health, Health Net members have an advantage. Our programs provide members with coaching, resources, tools, discounts and services to help balance work and family, stay healthy, and understand their health care options.

## GET SUPPORT FOR YOUR HEALTH DECISIONS

Decision Power is a support program that provides you with the tools to work more effectively with your doctor and make healthcare decisions that are right for you. With Decision Power you can talk to a Health Coach and access a suite of online tools designed to help you manage your health care and lifestyle choices. These features are available on [www.healthnet.com](http://www.healthnet.com). This site combines Health Net's dedication to customer support along with industry-leading medical information and features.

## ONE-ON-ONE SUPPORT

Health Coaches are trained professionals, such as nurses, respiratory therapists and dietitians. Health Coaches are available 24 hours a day, seven days a week and will help you understand available treatment options, and provide useful information and decision-making support. You can reach a Health Coach by calling 1-800-893-5597 or TTY 1-800-276-3821.

## GET HELP ONLINE

Our **Health Risk Questionnaire (HRQ)** helps you to identify and understand potential health problems and provides guidance on how to make healthier choices to reduce these risks.

Use the **Personal Health Record (PHR)** to track HRQ results, claims, screening exam dates and results.

Consult the **Lifestyle Centers** to find health resources tailored to your needs, based on the answers you've provided in your Health Risk Questionnaire.

## SAVE MONEY

Health Net's Well Rewards program allows members to receive discounts for health clubs, eyewear, Weight Watchers,<sup>®</sup> Jenny Craig,<sup>®</sup> and health and fitness products.

You have access to Decision Power<sup>SM</sup> through your current enrollment with any of the following Health Net companies: Health Net of Arizona, Inc.; Health Net of California, Inc.; Health Net of Connecticut, Inc.; Health Net of New Jersey, Inc.; Health Net of New York, Inc.; Health Net Health Plan of Oregon, Inc.; Health Net Insurance of New York, Inc.; Health Net Life Insurance Company.

Decision Power<sup>SM</sup> is not part of Health Net's commercial medical benefit plans nor affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power is part of Health Net's Medicare Advantage benefit plans but is not affiliated with Health Net's provider network. Decision Power services, including Health Coaches, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies.

Health Net<sup>®</sup> is a registered service mark of Health Net, Inc. A Better Decision<sup>SM</sup> and Decision Power<sup>SM</sup> are service marks of Health Net, Inc. All other trademarks remain the property of their respective companies.

# ENJOY THE BENEFITS OF HEALTH COVERAGE. APPLY NOW!

## WE'VE MADE IT EASY

The most efficient way to begin the review process is to apply online at [www.healthnet.com/quote](http://www.healthnet.com/quote).

*If you are completing a printed application please remember to:*

- Type or print clearly in blue or black ink. If we cannot read your application, it may be returned to you.
- Indicate the health coverage option, and any add-on purchase options you want.
- Make sure all applicants sign and date the application. This may include you, a spouse and any dependents over age 18, as applicable.
- Make sure Health Net receives your application within 30 days of signature date.
- Mail completed application to:  
Individual & Family Coverage  
P.O. Box 1150  
Rancho Cordova, CA 95741-1150

## A FINAL REMINDER

- We offer PPO (Diamond 15, Emerald 40, Topaz First Dollar and Garnet 50%) and HSA (Crystal HDHP) plan coverage effective the 1st or the 15th of the month. HMO (Pearl 25) coverage is effective the 1st of the month.
- All applications must be completed by the individual applying for coverage, and are subject to the health statement review and approval.
- All plans renew in October regardless of effective date.

## DISCLOSURE STATEMENT

The Oregon Insurance Division requires that we provide the following information.

This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company. PLEASE READ THE POLICY CAREFULLY!

Individuals who decline coverage under a group health plan to retain or obtain coverage under an individual health plan will be considered late enrollees if they seek enrollment in the group plan at a later date. Late enrollees may be excluded from group plan coverage for up to 12 months, or subjected to a 12-month pre-existing conditions provision.

Major medical expense coverage: Policies of this category are designated to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayments, coinsurance, or other limitations that may be set forth in the policy.



## QUESTIONS?

If you have questions about choosing a coverage option, selecting a doctor or completing the application, please contact your Health Net authorized agent, or call our Individual Sales department at 1-800-672-5941. We'll be happy to assist you.

# IFP EXCLUSIONS AND LIMITATIONS

All the following benefits, accommodations, care services, equipment, medications or supplies are expressly excluded or limited from coverage:

- Any care deemed not Medically Necessary.
- Services or supplies exceeding benefits maximums.
- Treatment of illness or injury for which a third party is responsible.
- Experimental or investigational procedures.
- Non-authorized emergency services as required by Plan contract.
- Expenses for any condition or complication caused by any procedure, treatment, service, drug, device, product or supply excluded from coverage.
- Private room; private duty nurses.
- Temporomandibular joint (TMJ) related services and Orthognathic (jaw) surgery.
- Custodial, respite care.
- Vision services or supplies (except as outlined in your policy).
- Corrective appliances and artificial aids, braces, disposable or non-prescription or over-the-counter supplies.
- Cosmetic services.
- Reduction or augmentation mammoplasty, except as provided in your policy.
- Medical or psychological reports or physical examinations required primarily for your protection and convenience or for third parties.
- Immunizations and inoculations.
- Public facility care; military service disabilities.
- Infertility services and supplies.
- Reversal of voluntary, infertility (sterilization).
- Diagnosis, treatment and rehabilitation services for obesity and eating disorders.
- All organ and tissue transplants or autologous stem cell rescue not explicitly listed as covered.
- Personal comfort items.
- Learning disorders, psychosocial problems, speech delay, conceptual handicap and developmental delay or dyslexia, except as provided in your policy.
- Speech generating devices.
- Rehabilitation, speech and hearing therapy, except as provided in your policy; chiropractic manipulations.
- Medications, surgical treatment or hospitalization for treatment of impotency, penile implants, services, devices or aids related to treatment of any types of sexual dysfunction, congenital or acquired; sperm storage or banking.
- Genetic engineering.
- Non-medical self-help training.
- Bone bank and eye bank charges.
- Counseling or training in connection with family, sexual, marital or occupational issues.
- Orthoptics, pleoptics (visual therapy and/or training), visual analysis.
- Services and supplies for which the Member is not required to pay or that the Member would receive at no cost in the absence of health coverage; services and supplies for which the Member is not billed by a provider or for which we are billed at zero dollar charge.
- Any illness, condition, or injury occurring in or arising out of the course of employment.
- Court-ordered care, unless determined to be Medically Necessary and Prior Authorized.
- Outpatient prescription or other drugs and medications. Prescriptions relating to an inpatient/outpatient confinement filled at a hospital pharmacy prior to discharge or use at home (take-home medications) except for prescriptions for a 24-hour supply or less, following an emergency room visit.

- Diagnosis, treatment and rehabilitation services for injuries sustained while practicing for or competing in a professional or semi-professional athletic contest.
- Pain Management Programs.
- Biofeedback.
- Hair analysis.
- Extraction and storage of autologous blood and derivatives.
- Routine foot care.
- Growth hormone therapy.
- Preventive and routine examination, services, testing and supplies are excluded for all Members except limited women's and men's health services and except as specifically provided for Members to age 18 in the Preventive Care Value Benefits Supplemental Benefit Schedule if endorsed to your Agreement and except as provided in the IFP Value Plans or as otherwise specified by agreement.
- Circumcisions.
- Drug detoxification; chemical dependency including alcohol treatment.
- Alternative Care: All services must be provided by a ASHN preferred provider. Services include chiropractic, naturopathic, acupuncture and massage therapy if endorsed to your Agreement.
- Autologous blood.
- Services of a nutritionist, except for diabetes management and inborn errors of metabolism.
- All services provided in wilderness residential treatment programs.
- Services and supplies rendered by an immediate family member (spouse, domestic partner, parent, child, grandparent or sibling related by blood, marriage or adoption) or prescribed or ordered by an immediate family member of the Member; Member self-treatment, including but not limited to self-prescribed medications and medical self-ordered services and laboratory tests.
- Orthodontic services and dental implants, except for treatment covered under Dental Injury benefits outlined in the contract.
- Services provided outside of the United States which are not Emergency Medical Care.

## Exclusion Periods

- Services related to an organ transplant, including evaluation, will be covered after a 24-month exclusion period has been satisfied.

Services for the following specified conditions will be covered after a 12-month exclusion period has been satisfied.

- Allergies and their symptoms, including asthma.
- Elective procedures that we determine can be reasonably postponed until the end of the exclusion period.
- Mental disorders.

Services for a pre-existing condition will be covered after a 6-month exclusion period has been satisfied. Pregnancy is subject to the pre-existing conditions.

Upon our receipt of a certificate of Creditable Coverage, the exclusion periods will be reduced by the length of Creditable Coverage under other Health Benefit Plans provided the following conditions are met:

- Creditable Coverage must either remain in effect on the effective date of coverage or was terminated no more than 63 days prior to the effective date, and
- Except for services for a pre-existing condition, the excluded service must have been covered under the other Health Benefit Plan.
- The exclusion periods do not apply to a newborn or newly adopted child.

Individual & Family plans (IFP) are not intended to be sold as an employer-sponsored health benefit plan for employees. Please note, your employer is not allowed to pay for any part of your IFP health policy premium.





## For more information please contact:

Health Net Health Plan of Oregon, Inc.  
13221 SW 68th Parkway  
Tigard, Oregon 97223  
1-888-802-7001

### **Customer Contact Center**

Monday – Friday 7:30 a.m. to 5:00 p.m.  
1-888-802-7001  
service@healthnet.com

### **Speech and Hearing Assistance:**

Monday – Friday 8:00 a.m. to 5:00 p.m.  
TTY 1-888-802-7122  
service@healthnet.com

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