



Health Net Health Plan of Oregon, Inc.  
13221 SW 68th Pkwy, Suite 315  
Tigard, OR 97223

## ***Notice of Changes to Coverage Terms for Large Business Groups Effective on and after January 1, 2024***

The Health Net Health Plan of Oregon, Inc. (Health Net) Group Plan Benefits and Group Medical and Hospital Service Agreement (“Agreement”) issued in 2023 will be amended to include the changes that appear in this notice for compliance with new laws, regulatory requirements and/or to address Health Net administrative or policy changes. The following modifications apply to Oregon Commercial Large Business Group plans and will appear in the 2024 Agreement.\*

Additional changes, not confirmed at the time of this mailing, may be required. Please ensure that employees enrolled in the Health Net plan are informed of the changes described in this notice.

Unless specifically noted otherwise, the following changes apply to all commercial products, including PPO, CommunityCare and Triple Option.

### **Global Changes**

1. Gender-specific terms have been replaced with gender-neutral terms throughout the Plan Contract.
2. The term “Mental Health Conditions” has been replaced with “Behavioral Health Conditions” throughout the Plan Contract and Copayment and Coinsurance Schedule.

### **Legislative/Regulatory Changes**

1. **Durable Medical Equipment** – This provision has been revised per HRSA guidelines to include one breast pump per pregnancy.
2. **Preventive Care** – This provision has been revised to include the HPV vaccine for members age 9 through 45 to align with updated USPSTF recommendations.
3. **Hearing Aids and Hearing Assistive Technology** – This provision has been revised in accordance with OR HB 2994 and clarifies coverage for accessories, ear molds, cochlear implants, bone conduction sound processors, headbands, and diagnostic and treatment services.
4. **Office Visits** – Per OR SB 1529, the Copayment and Coinsurance Schedule has been revised to apply no more than a \$5 copayment per visit for the first three visits to a primary care and/or behavioral health practitioner. The deductible applies for HDHP plans.
5. **Diagnostic and Supplemental Breast Imaging** – Per OR SB 1041, in-network diagnostic and supplemental breast imaging is covered at no cost. The deductible applies for HDHP plans.
6. **Prescription Drug Benefits** – Per OR HB 2574, this provision has been revised to extend coverage for post-exposure prophylactic drugs or therapies to nonparticipating pharmacies.

\*Pending approval by the Division of Financial Regulation

## Policy and Benefit Changes

1. **Copayment and Coinsurance Schedule** – The following benefit lines have been added:
  - a. Newborn nurse home visits
  - b. Outpatient pharmaceutical/infusion services
2. **Alternative Care** – This provision has been revised for clarification and to align with the current administration of benefits.

## Language Clarifications

1. Language under the “*General Terms Under Which Benefits are Provided*” section has been revised for clarity.
2. The sections under “*Exclusions and Limitations (What’s not covered)*” have been moved into alphabetical order and the title of the section has been renamed “*Exclusions and Limitations.*”
3. In the “*Definitions*” section, the term “Mental Health Condition” has been replaced with “Behavioral Health Condition” and the definition updated.
4. In the “*Group Plan Benefits*” section, the “*Child Abuse Medical Assessments*” provision has been added.

For more information regarding this Notice of Changes to Coverage Terms, please contact your Health Net Account Manager.

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