

2025

Plan name	Deductible ² (single/family)	Out-of-pocket maximum ³ (single/family)	Office visit/ specialist visit	Coinsurance ⁴ (in-network/ out-of- network)	Lab and X-ray	CT/MRI/ PET/ SPEC	Inpatient hospital	Outpatient surgery (ASC/ hospital)	Emergency room	Urgent care	Pharmacy ⁵
PPO											
Platinum P10-250-1-3500DX PD	\$250 / \$500	\$3,500 / \$7,000	\$10 / \$20	10%	\$10	10%	10%	5% / 10%	10%	\$20	\$10 / \$30 / \$60 / 50%
Platinum P10-500-1-3500DX PD	\$500 / \$1000	\$3,500 / \$7,000	\$10 / \$20	10%	\$10	10%	10%	5% / 10%	10%	\$20	\$10 / \$30 / \$60 / 50%
Platinum P10-750-1-3500DX PD	\$750 / \$1,500	\$3,500 / \$7,000	\$10 / \$20	10%	\$10	10%	10%	5% / 10%	10%	\$20	\$10 / \$30 / \$60 / 50%
Gold P25-500-2-8550DX PD	\$500 / \$1,000	\$8,550 / \$17,100	\$25 / \$50	20%	\$20	20%	20%	10% / 20%	20%	\$50	\$15 / \$45 / \$90 / 50%
Gold P15-1000-2-8500DX PD	\$1,000 / \$2,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P15-1500-2-8500DX PD	\$1,500 / \$3,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P25-2000-2-7000DX PD	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25 / \$50	20%	\$20	20%	20%	10% / 20%	20%	\$50	\$15 / \$45 / \$90 / 50%
Gold P15-2000-2-8500DX PD	\$2,000 / \$4,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P15-2500-2-8500DX PD	\$2,500 / \$5,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$15 / \$45 / \$90 / 50%
Gold P15-3000-2-8500DX PD	\$3,000 / \$6,000	\$8,500 / \$17,000	\$15 / \$30	20%	\$20	20%	20%	10% / 20%	20%	\$30	\$10 / \$45 / \$90 / 50%
Gold P10-1500-4-8975DX PD	\$1,500 / \$3,000	\$8,975 / \$17,950	\$10 / \$50	40%	\$10	40%	40%	30% / 40%	40%	\$50	\$0 / \$45 after deductible / 50% after deductible / 50% after deductible
Gold P10-3500-4-8975DX PD	\$3,500 / \$7,000	\$8,975 / \$17,950	\$10 / \$50	40%	\$10	40%	40%	30% / 40%	40%	\$50	\$0 / \$45 after deductible / 50% after deductible / 50% after deductible
Silver P40-3000-3-8975ES PD	\$3,000 / \$6,000	\$8,975 / \$17,950	\$40 / \$80	30%	30%	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%
Silver P35-4500-3-8975DX PD	\$4,500 / \$9,000	\$8,975 / \$17,950	\$35 / \$70	30%	\$35	30%	30%	20% / 30%	30%	\$70	\$20 / \$50 after deductible / 50% after deductible / 50% after deductible
Silver P35-5000-3-8975ES PD	\$5,000 / \$10,000	\$8,950 / \$17,950	\$35 / \$70	30%	30%	30%	30%	20% / 30%	30%	\$70	\$25 / \$50 / 50% / 50%
Silver P40-6000-3-8975ES PD	\$6,000 / \$12,000	\$8,975 / \$17,950	\$40 / \$80	30%	30%	30%	30%	20% / 30%	30%	\$80	\$25 / \$50 / 50% / 50%
Bronze P8250-0-8250ES PD	\$8,250 / \$16,500	\$8,250 / \$16,500	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
High Deductible PPO (HSA qualified plans) all benefits subject to deductible⁶											
Silver HD3300-3-6750ES PD	\$3,300 / \$6,600	\$6,750 / \$13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after deductible / 30% after deductible / 50% after deductible
Silver HD4000-3-6750ES PD	\$4,000 / \$8,000	\$6,750 / \$13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after deductible / 30% after deductible / 50% after deductible
Bronze HD7100-0-7100ES PD	\$7,100 / \$14,200	\$7,100 / \$14,200	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
Health Net Oregon Gold Plan and Standard PPO Plans											
Health Net Oregon Gold Plan	\$1,800 / \$3,600	\$7,550 / \$15,100	\$20 / \$40	20% / 50%	20%	20%	20%	20% / 20%	20%	\$60	\$10 / \$30 / 50% / 50% (SP: \$500 per script cap)
Silver Standard Plan	\$5,500 / \$11,000	\$9,200 / \$18,400	\$40 / \$80	30% / 50%	30%	30%	30%	30% / 30%	30%	\$70	\$15 / \$60 / 50% / 50%
Bronze Standard Plan	\$9,200 / \$18,400	\$9,200 / \$18,400	\$50 / \$150	0% / 50%	0%	0%	0%	0% / 0%	0%	\$100	Integrated medical deductible \$25 / 0% / 0% / 0%

(continued)

2025 Alternative Care plans (All medical plans include alternative care benefits.)^{7,8}

Alternative care 	Member pays							
	Chiropractic (Unlimited visits)		Acupuncture (36 visits combined in and out-of-network)		Massage Therapy (27 visits combined in and out-of-network)		Naturopath (Unlimited visits)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	Office visits are covered at the PCP out-of-network cost share under your medical plan

Dental plans

Dental ⁹ 	Member pays							
	Deductible (single / family)	Calendar year maximum	Coinsurance (preventive & diagnostics / basic / major / ortho)			Cleanings	Exams	X-rays
Plus D50-1855-1500	\$50 / \$150	\$1,500	0% / 20% / 50% / 50%			0%	0%	0%
Preferred Plus DP50-1855-1500	\$50 / \$150	\$1,500	0% / 20% / 50% / 50%			0%	0%	0%
Value D50-185-1500V	\$50 / \$150	\$1,500	0% / 20% / 50% / Not covered			0%	0%	0%
Essential D50-16-500	\$50	\$500	0% / 40% / Not covered / Not covered			0%	0%	0%

Vision plans

Vision ⁹ 	Member pays			
	Exam	Frame allowance	Lenses (single / bifocal / trifocal / progressive)	Frequency (months) (examination / lenses or contact lenses / frames)
Elite 1010-1	\$10	\$150	\$10 / \$10 / \$10 / \$75	12 / 12 / 12
Preferred 1025-2	\$10	\$100	\$25 / \$25 / \$25 / \$90	12 / 12 / 24
Preferred 1025-3	\$10	\$100	\$25 / \$25 / \$25 / \$90	12 / 24 / 24

¹All medical plans include pediatric vision coverage. Pediatric dental coverage is included with all medical plans, with the exception of the Health Net Oregon Gold Plan and Standard PPO plans. Pediatric dental coverage is included with all medical plans, with the exception of the Health Net Oregon Gold Plan and Standard PPO plans.

²The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.

³The annual out-of-pocket maximum includes the annual deductible, copayments and coinsurance. After the out-of-pocket maximum is reached in a calendar year, we will pay the covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of the maximum allowable amount (MAA) for out-of-network (OON) services. Members are still responsible for OON-billed charges that exceed MAA.

⁴Coinsurance is subject to the annual deductible.

⁵Prescription drug tiers are Tier 1: Generic; Tier 2: Brand Preferred; Tier 3: Non-Preferred; SP: Specialty. Retail pharmacy – members may receive a 90-day fill at a retail pharmacy; one copayment/coinsurance applies per 30-day supply. Tier 1, 2 or 3 prescription drugs may apply. Deductible waived unless otherwise noted. MAC A applies. Essential Rx Drug List – A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Rx Drug List (EDL). Log in as a Health Net member at healthnetoregon.com to view the Oregon Essential RX Drug List.

⁶All benefits including office visit copay, pharmacy and alternative care are after deductible.

⁷All copayments accumulate to the medical out-of-pocket maximum.

⁸Only chiropractic, naturopath, and acupuncture benefits available on Health Net Oregon Gold Plan and Standard PPO plans. Please reference the plan Contract and Evidence of Coverage (EOC) for description of Health Net Oregon Gold Plan and Standard PPO plans Coverage Benefits and Limitations.

⁹Not available for purchase alongside the Health Net Oregon Gold Plan and Standard PPO plans.

This brochure is intended to be used for marketing purposes only and presents general information. Please refer to the Benefit Schedule and Agreement for details, limitations, exclusions, and other terms and conditions of coverage.

Dental PPO insurance plans are underwritten by Health Net Health Plan of Oregon, Inc. and administered by Dental Benefit Providers, Inc. (DBP). Vision plans are underwritten by Health Net Health Plan of Oregon, Inc. and serviced by Centene Vision Services. Health Net Health Plan of Oregon, Inc., and Centene Vision Services are subsidiaries of Centene Corporation. Health Net Health Plan of Oregon, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

Participation guidelines

