Health Net Health Plan of Oregon, Inc. (Health Net)

Large Group

Plan Overview

PENDING DFR APPROVAL

PPO Essentials First Dollar FE35-3000-2-7350 ($500 COMBINED LAB/X-RAY/ADVANCED IMAGING)

YOU CAN USE THIS MATRIX TO HELP COMPARE COVERAGE BENEFITS. THIS MATRIX PRESENTS A HIGH-LEVEL SUMMARY. FOR A MORE DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS, REVIEW THE PLAN CONTRACT AND *EVIDENCE OF COVERAGE* (EOC).

The copayment amounts are the fees members will be charged for covered services received. Health Net and the contracted provider have agreed to the copayment amounts. Copayments can be a fixed-dollar amount or a percentage of Health Net's cost for the service or supply. You may also see percentage copayments referred to as coinsurance. Members pay fixed-dollar copayments when they receive the service. The provider will usually bill members for percentage copayments after the service is received. All services are subject to the deductible, unless noted otherwise.

Benefit description	Member responsibility	
Network	**In-network**	**Out-of-network (MAA)**
Deductible – single / family	$3,000 / $6,000	$6,000 / $12,000
Out-of-pocket maximum – single / family *(includes deductible)*	$7,350 / $14,700	$14,700 / $29,400
Preventive care Preventive health exams, colonoscopy *(age 50+)*, routine immunizations, gynecological exam and pap, mammograms, PSA screening, tobacco cessation	$0 / visit (deductible waived)	40% MAA
Office visits Physician - includes family practice, naturopath, pediatrics, internal medicine, general practice, obstetrics/gynecology	Visits 1-3: $5 deductible waived Visits 4+: $35 deductible waived	40% MAA
Specialist physician - providers in specialties other than those listed above	$70 / visit (deductible waived)	40% MAA
Allergy and therapeutic injections	20%	40% MAA
Telehealth services	$0 / visit (deductible waived)	40% MAA
Diagnostic services Diagnostic lab and X-ray, EKG, ultrasound	20% *(100% of the first $500 covered)*	40% MAA
Advanced diagnostic imaging, CT, MRI, PET, EEG, Holter monitor/ stress test	20% *(100% of the first $500 covered)*	40% MAA
Maternity services Maternity delivery care *(professional services only)*	20%	40% MAA
Inpatient hospital services	20%	40% MAA
Emergency and Medical Urgent Care Services Urgent Care physician services	$50 / visit (deductible waived)	$50 / visit (deductible waived) MAA
Emergency room services	20%	20%
Ambulance services - ground and air	20%	20%
Hospital services Inpatient hospital	20%	40% MAA
Inpatient rehabilitative services *(physical, occupational, and speech therapy)* - limit max 30 days per year	20%	40% MAA
Skilled nursing facility - limit max 60 days per year	20%	40% MAA
Outpatient services Surgery, infusion, dialysis, chemotherapy, radiation therapy	20%	40% MAA
Surgery at hospital-based facility	20%	40% MAA
Surgery at ambulatory surgical center (ASC)	10%	40% MAA
Rehabilitative services - limit max 30 days per year	20%	40% MAA

Benefit description	Member responsibility	
Medical equipment and supplies Durable medical equipment, prosthetics, orthotics, diabetes supplies, oral sleep apnea appliance	20%	40% MAA
Medical supplies, including allergy serum and injected substances	20%	40% MAA
Home health and hospice Home health care	20%	40% MAA
Hospice services	20%	40% MAA
Mental health and substance use disorder services Physician services - office visit	Visits 1-3: $5 deductible waived Visits 4+: $35 deductible waived	40% MAA
Urgent Care physician services	Visits 1-3: $5 deductible waived Visits 4+: $35 deductible waived	20% MAA
Inpatient and residential services	20%	40% MAA

- The specified deductible must be met each calendar year (January 1 through December 31) before Health Net Health Plan of Oregon, Inc. pays any claims.
- Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse and child(ren). Family coverage includes the per person deductible. Under family coverage, each member's covered expenses count toward the family's deductible.
- The annual out-of-pocket maximum includes your annual deductible, copayments and coinsurance. 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 participating provider services and at 100% of the maximum allowable amount (MAA) for out-of-network (OON) services. You are still responsible for OON-billed charges that exceed MAA.
- For naturopathic care, call American Specialty Health, Inc. (ASH) at 800-678-9133.
- For mental health or chemical dependency services, call 800-977-8216.
- Telehealth services include coverage provided by Teladoc. Teladoc provides supplemental telehealth services in addition to the mandated telemedicine services for medical, mental disorders and chemical dependency conditions. Teladoc services are not intended to replace services from your physician. Teladoc consultation services do not cover specialist services; and prescriptions for substances controlled by the DEA, non-therapeutic drugs or certain other drugs which may be harmful because of potential abuse.
- If a newborn patient requires admission to an intermediate or intensive care nursery, the deductible and coinsurance for these services will accumulate under the newborn’s coverage, not under the mother’s coverage.
- The outpatient emergency room copay is waived if admitted.
- Certain services require prior authorization or must be performed by a specialty care provider.