![Health Net logo](H⁰ Health Net®)

Get Your Summary *of* Benefits *and* Coverage

Thank you for applying for a PPO plan offered by Health Net Health Plan of Oregon, Inc. (Health Net).

We encourage you to read your Summary of Benefits and Coverage (SBC). The SBC gives you the basics about your plan and how to get care when you need it, including:
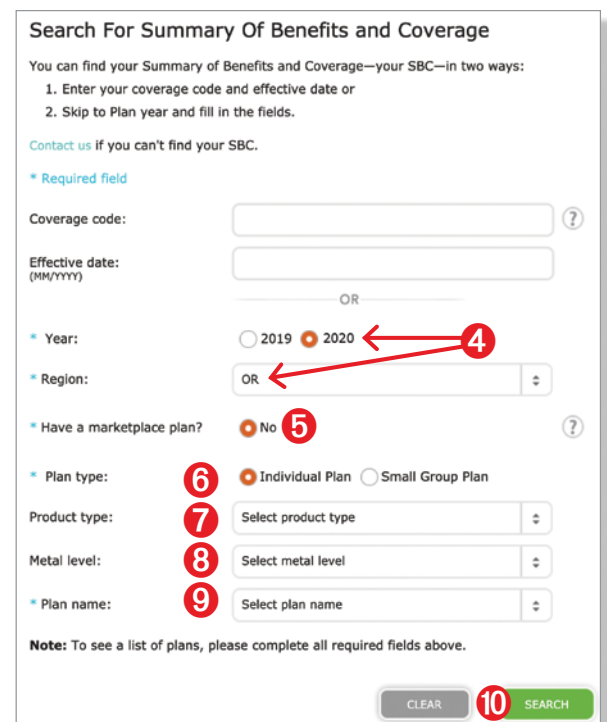
- How your health plan works.
- Which common medical services are covered and what they cost on your health plan.
- Your rights to file grievances and appeals. This is the process you use to make a complaint to your plan or request regulator assistance.

- More services that are covered or excluded from your health plan.
- Examples of how your plan might cover medical care for certain medical conditions.
- How to get help in your main language.
- Common questions and answers (Q&A).

If you prefer, you can call our Customer Contact Center at 1-888-802-7001 (TTY: 711) for a copy.

To view, download or print a copy of the SBC for your 2020 plan, go to www.healthnetoregon.com:

1. Select *Individuals and Families.*
2. Select *Our Health Plans*, then *Plan Materials.*
3. Then select the *SBC Search Tool* link.
4. Once you're on the search page, select *2020,* then *OR.*
5. For **Have a Marketplace plan?**, select *No.*
6. For **Plan type**, select *Individual Plan.*
7. Under **Product type**, select *PPO.*
8. Then select the *Metal level* of your plan: Silver or Bronze.
9. Under **Plan Name**, select your plan name from the menu. This name should match the plan name you chose on the enrollment application.
10. After selecting your plan, you'll be able to mark the *Effective Date* of your coverage; then click the green **Search** button.

Search For Summary Of Benefits and Coverage

You can find your Summary of Benefits and Coverage—your SBC—in two ways:
1. Enter your coverage code and effective date or
2. Skip to Plan year and fill in the fields.

Contact us if you can't find your SBC.

* Required field

Coverage code:	
Effective date: (MM/YYYY)	

OR

* Year:	○ 2019 ● 2020 **④**
* Region:	OR
* Have a marketplace plan?	● No **⑤**
* Plan type:	**⑥** ● Individual Plan ○ Small Group Plan
Product type:	**⑦** Select product type
Metal level:	**⑧** Select metal level
* Plan name:	**⑨** Select plan name

Note: To see a list of plans, please complete all required fields above.

CLEAR **⑩** SEARCH