

Health Net Oregon Standard Bronze HSA Plan (PPO)

Plan Overview

Benefit description	Member(s) responsibility	
	In-network	Out-of-network
Deductible per calendar year	\$6,550 individual / \$13,100 family integrated medical and pharmacy	\$19,650 individual / \$39,300 family integrated medical and pharmacy
Out-of-pocket maximum (includes deductible)	\$6,550 individual / \$13,100 family integrated medical and pharmacy	\$19,650 individual / \$39,300 family integrated medical and pharmacy
Office visits Physician – includes family practice, naturopath, pediatrics, internal medicine, general practice, obstetrics/gynecology	0% after deductible	0% MAA after deductible
Specialist physician – providers in specialties other than those listed above	0% after deductible	0% MAA after deductible
Preventive care includes but is not limited to preventive office visit, women's and men's health care, Pap test, mammogram, pelvic exam, prostate screening (PSA), and digital rectal exam	No charge	0% MAA
Chiropractic services	0% after deductible	0% MAA after deductible
Emergency and urgent care services Emergency room	0% after deductible	0% after deductible
Urgent care – physician services	0% after deductible	0% MAA after deductible
Ground/Air ambulance	0% after deductible	0% after deductible
Hospital services Inpatient hospital/outpatient at hospital-based facility	0% after deductible	0% MAA after deductible
Outpatient at ambulatory surgery center	0% after deductible	0% MAA after deductible
Maternity delivery care (professional services only)	0% after deductible	0% MAA after deductible
Hearing aid	0% after deductible	0% MAA after deductible
Rehabilitative services Inpatient – maximum 30 days per year	0% after deductible	0% MAA after deductible
Outpatient – maximum 30 visits per year	0% after deductible	0% MAA after deductible
Skilled nursing facility – maximum 60 days per year	0% after deductible	0% MAA after deductible
Diagnostic lab and X-ray, EKG, ultrasound	0% after deductible	0% MAA after deductible
Imaging and testing services CT/MRI/MRA/PET/SPECT/EEG/Holter Monitor/stress test	0% after deductible	0% MAA after deductible
Allergy and therapeutic injections	0% after deductible	0% MAA after deductible
Durable medical equipment (DME)	0% after deductible	0% MAA after deductible
Home health visits	0% after deductible	0% MAA after deductible
Hospice services	0% after deductible	0% MAA after deductible

(continued)

<i>Benefit description</i>	<i>Member(s) responsibility</i>	
	In-network	Out-of-network
Behavioral health – mental health and chemical dependency		
Inpatient	0% after deductible	0% MAA after deductible
Outpatient, office visits	0% after deductible	0% MAA after deductible
Outpatient, other	0% after deductible	0% MAA after deductible
Pharmacy		
Pharmacy deductible	Subject to integrated medical Rx deductible	Not covered
Generic/Preferred brand/Non-Preferred/Specialty (Up to a 30-day supply. A 90-day supply may be available at three times the copay amount – certain requirements must be met)	0% / 0% / 0% / 0%, after deductible	Not covered
Mail order	0% / 0% / 0% / 0%, after deductible	Not covered
Pediatric dental	Not covered	Not covered
Pediatric vision This plan covers routine vision services and supplies for children up to age 19.	Routine eye exam limit: 1 per calendar year Provided selected frames limit: 1 per calendar year You must utilize participating providers	Not covered

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.

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.

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.

Age limits apply to hearing aids. Refer to the "Hearing Aids" section of the Basic Benefit Schedule.

Corrective shoes and arch supports, including foot orthotics, are excluded unless prescribed in the course of treatments for, or complications from, diabetes.

For mental health or chemical dependency services, call 1-800-977-8216.

For chiropractic and naturopathic services, call American Specialty Health at 1-800-678-9133.

Certain services require prior authorization or must be performed by a specialty care provider.

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

Nondiscrimination Notice

Health Net Health Plan of Oregon, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-877-609-8715 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card. Employer group members please call 1-888-802-7001 (TTY: 711).

Amharic

ከፍያ የሌለው የቋንቋ አገልግሎት። አስተርጓሚ ማግኘት ይቻላል። ሰነዶች እንዲዘጋጅልዎ ማድረግ ይቻላል። እርዳታ ለማግኘት በመታወቂያ ላይ ያለውን ቁጥር ይደውሉ። አመልካቾች 1-888-802-7001 (TTY: 711) ይደውሉ።

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم (TTY: 711)1-888-802-7001.

Chinese

免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。雇主團體的會員請致電 1-888-802-7001 (TTY : 711) 。

Cushite (Oromo)

Waa Lacag la'aan Adeegyada Luuqada. Waxaad heli kartaa turjubaan. Waxaad heli kartaa in waraaqaha lagu aqriyo. Wixii caawin ah, naga soo wac lambarka ku qoran kaarka Aqoonsigaaga. Xubnaha kooxda badrooniga fadlan soo wac 1-888-802-7001 (TTY: 711).

German

Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-888-802-7001 (TTY: 711) an.

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-888-802-7001 (TTY: 711) までお電話ください。

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스도 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 고용주 그룹 가입자분은 1-888-802-7001 (TTY: 711) 번으로 전화해 주십시오.

Cambodian (Khmer)

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរស័ព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ សមាជិកក្រុមនិយោជក សូមទាក់ទងទៅលេខ 1-888-802-7001 (TTY: 711)។

Laotian

ລິການພາສາບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານໄດ້. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໂທຫາພວກເຮົາໄດ້ຕາມເບີທີ່ມີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. ສະມາຊິກກຸ່ມນາຍຈ້າງ ກະລຸນາໂທຫາເບີ 1-888-802-7001 (TTY: 711).

Punjabi

ਬਿਨਾਂ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਡੇ ਲਈ ਦਸਤਾਵੇਜ਼ਾਂ ਪੜ੍ਹੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਰੋਜ਼ਗਾਰਦਾਤਾ ਗਰੁੱਪ ਦੇ ਸਦੱਸ, ਕਿਰਪਾ ਕਰਕੇ 1-888-802-7001 (TTY: 711) 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы участник коллективного плана, предоставляемого работодателем, звоните по телефону 1-888-802-7001 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación. Los afiliados del grupo del empleador deben llamar al 1-888-802-7001 (TTY: 711).

Tagalog

Walang Gastos na Mga Serbisyo sa Wika. Maaari kayong kumuha ng isang interpreter. Maaari ninyong ipabasa ang mga dokumento. Para sa tulong, tawagan kami sa numerong nakalista sa inyong ID card. Para sa mga miyembro ng grupo ng employer, mangyaring tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian

Безплатні послуги перекладу. Ви можете скористуватися послугами перекладача. Вам можуть прочитати ваші документи. Щоб отримати допомогу, телефонуйте нам за номером, який вказаний на вашій ідентифікаційній картці (ID). Учасників групового страхового плану від працедавця просимо телефонувати за номером 1-888-802-7001 (TTY: 711).

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị. Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-888-802-7001 (TTY: 711).

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OR WA Commercial Off-Exchange Member Notice of Language Assistance

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