

INDIVIDUAL & FAMILY PLANS BENEFIT OVERVIEW

Effective October 2007



Health Net®
A BETTER DECISION

GET MORE FROM HEALTH NET. THE CHOICE BELONGS TO YOU.

Looking for a health plan that lets you take more control of your health care decisions? Look no further. Families. Singles. Early Retirees. Young Adults. People without group coverage. Find your health plan right here.

DIAMOND 15

Deductible choices help manage your health care budget. In-network doctor visits are always just \$15 – no deductible. Preventive benefits, additional accident waiver, and Well Net program benefits make this PPO plan our most popular choice for all ages, including children.

PEARL 25 HMO

This plan offers comprehensive care benefits with a simple \$25 office visit copay, preventive care benefits, and Well Net benefits such as chiropractic, naturopathy, acupuncture and massage therapy. Available to residents of Clackamas, Multnomah and Washington counties.

CRYSTAL HDHP

Looking for a qualified high deductible health plan (HDHP) to combine with a Health Savings Account to manage your health care spending? Pick from two HDHP styles.

- 100% Plans: We pay 100% on covered benefits after your deductible is met.
- 80% Plans: After the deductible, this plan pays 80% until you reach your out-of-pocket maximum safety net.

TOPAZ FIRST DOLLAR

Relax - the first \$250 is on us. A first-dollar benefit means you get an immediate spending allowance for a variety of services before you are required to meet a deductible. A variety of deductibles helps manage your health care budget. Round that out with alternative care benefits, preventive services, and an accidental injury deductible waiver for a winning combination.

EMERALD 40

Save on premium dollars. See your doctor in-network and pay just \$40 per visit. No deductible applies for office visits or preventive care. Accidental injury deductible waiver included for even more peace of mind.

GARNET 50%

If a lower plan premium is important, this plan offers one of the lowest rate available. Choose a zero deductible plan to access benefits right away. Choose the high deductible option if you want a “back-up” plan after you pay for the small stuff. In either case, this plan covers benefits at 50% until you reach the out-of-pocket maximum safety net. Then, we pay 100% for the rest of the calendar year.

DENTAL & VISION PLAN OPTION

It's easy to add dental and vision to your Health Net plan. Health Net Dental lets you choose the dentist. Vision exams and vision correction are a snap with Health Net Vision, which includes simple copays when you choose in-network providers.

QUICK NET OPTION

Quick Net short-term medical coverage is great for people who are between jobs, in a life transition, no longer on parents' health plan, or traveling. Available for daily (30-day minimum) or monthly coverage. See the Quick Net brochure for details or contact us.

UPON REQUEST

Health Net has other plan options available including our Quick Net and PPO Value Plans. Benefit summaries and rates sheets are available upon request.

Visit our website to learn more www.healthnet.com

OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

Benefit	Diamond 15 PPO		Pearl 25 HMO
	In-Network	Out-of-Network	HMO Network
Deductible Choices The deductible Coverage Year (CY) is January 1 through December 31.	Choice of \$250, \$500, \$1,000, \$2,500, \$5,000 or \$7,500 ^{4,5} Family = 3x Individual		No deductible
Lifetime maximums	\$2 million combined		Unlimited
Out-of-pocket maximum (OPM)			
Individual	\$4,000 ⁷	\$8,000 ⁷	\$4,000 single ³
Family	\$12,000 ⁷	\$24,000 ⁷	\$12,000 family ³
Professional services			
Office Visit	\$15 ⁶	50% UCR+	\$25
Well Baby care (8 exams in the first 24 months) ⁶	\$15 ⁶	50% UCR+	\$25
Annual OB/GYN exam (breast and pelvic exams, cervical cancer screening & mammography) ⁶	\$15 per visit ⁶	50% UCR+	\$25
X-ray and laboratory procedures	20%	50% UCR+	\$25
Outpatient services			
Outpatient or ambulatory care center	20%	50% UCR+	\$250
Outpatient rehab therapy (\$2,500/year max)	20%	50% UCR+	\$10
Outpatient facility services (other than surgery)	20%	50% UCR+	\$250
Maternity care			
Physician services for maternity care	20%	50% UCR+	\$250 per pregnancy
Hospitalization services			
Inpatient hospital care	20%	50% UCR+	\$400 per day (until OPM met)
Skilled nursing facility (60 days per year max)	20%	50% UCR+	no charge
Inpatient rehab therapy (30 days per year max)	20%	50% UCR+	\$400 per day
Emergency health coverage			
Outpatient emergency room services	20%	50% UCR+	\$100 per visit (waived if admitted)
Inpatient admission from emergency room	20%	50% UCR+	\$400 per day
Emergency ambulance (\$3,000 per year max)	20% (UCR plus applies to out-of-network providers)		20% (UCR plus applies to out-of-network providers)
Additional accident	20%	50% UCR+	
Accidental injury deductible waiver**	(deductible waived **)		No deductible
Prescription drug coverage***	\$100 Rx deductible; up to \$4,000 per year		\$100 Rx deductible; up to \$4,000 per year
Tier 1 & Tier 2 drug list	50%		50%
Tier 3 & Specialty	You pay 100%***		You pay 100%***
Preventive Benefits Routine physical, prostate screening, vision screening	Preventive Included ⁶		Preventive Included ⁶
Well Net Complementary Care \$500 annual benefit ⁶	Well Net Included		Well Net Included
Chiro, acupuncture, naturopathy	\$20 copay		\$20 copay
Massage Therapy	\$25 copay / 9 visits		\$25 copay / 9 visits

NOTES OF INTEREST

Well Net complementary care program provides services through ASH provider network, and is not subject to a deductible.

The CY deductible for PPO plans is waived for services requiring a copayment and for covered preventive care benefits. Copayments do not apply toward your OPM.

PEARL 25 HMO PLAN

You do not have to pay a deductible for medical coverage with the HMO plan. Prescription drug coverage has a deductible and an annual maximum. Your benefits are subject to copayments listed in this schedule. You must select a Primary Care Provider (PCP) from our HMO network. Your PCP coordinates your health care. Certain services are covered only if provided by a designated Specialty Care provider.

³ After you reach the OPM Copayment maximum in a Calendar Year, we will pay your covered HMO services during the rest of that Calendar Year at 100% of our HMO contract rates.

This benefit chart presents general information only. Refer to the contract for details, limitations and exclusions.

OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

Benefit	Crystal HDHP 100% Plans H.S.A.-eligible high deductible health plan		Crystal HDHP 80% Plans H.S.A.-eligible high deductible health plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Choices The deductible Coverage Year (CY) is January 1 through December 31.	Individual: \$2,000, or \$5,000 ¹ Family: \$4,000, or \$10,000 ¹	Individual: \$4,000, or \$10,000 ¹ Family: \$8,000, or \$20,000 ¹	Individual: \$1,500, \$2,500, or \$3,500 ¹ Family: \$3,000, \$5,000, or \$7,000 ¹	Individual: \$3,000, \$5,000, or \$7,000 ¹ Family: \$6,000, \$10,000, or \$14,000 ¹
Lifetime maximums	\$2 million combined		\$2 million combined	
Out-of-pocket maximum (OPM)				
Individual	same as deductible ²	2 x deductible ²	\$5,000 ²	\$15,000 ²
Family	same as deductible ²	2 x deductible ²	\$10,000 ²	\$30,000 ²
Professional services				
Office Visit	No charge	50% UCR+	20%	50% UCR+
Well Baby care (8 exams in the first 24 months) ⁶	No charge	50% UCR+	20%	50% UCR+
Annual OB/GYN exam (breast and pelvic exams, cervical cancer screening & mammography) ⁶	No charge	50% UCR+	20%	50% UCR+
X-ray and laboratory procedures	No charge	50% UCR+	20%	50% UCR+
Outpatient services				
Outpatient or ambulatory care center	No charge	50% UCR+	20%	50% UCR+
Outpatient rehab therapy (\$2,500/year max)	No charge	50% UCR+	20%	50% UCR+
Outpatient facility services (other than surgery)	No charge	50% UCR+	20%	50% UCR+
Maternity care				
Physician services for maternity care	No charge	50% UCR+	20%	50% UCR+
Hospitalization services				
Inpatient hospital care	No charge	50% UCR+	20%	50% UCR+
Skilled nursing facility (60 days per year max)	No charge	50% UCR+	20%	50% UCR+
Inpatient rehab therapy (30 days per year max)	No charge	50% UCR+	20%	50% UCR+
Emergency health coverage				
Outpatient emergency room services	No charge	50% UCR+	20%	50% UCR+
Inpatient admission from emergency room	No charge	50% UCR+	20%	50% UCR+
Emergency ambulance (\$3,000 per year max)	No charge	No charge UCR+	20%	20% UCR+
Additional accident				
Accidental injury deductible waiver	Not included		Not included	
Prescription drug coverage***	Subject to medical deductible		Subject to medical deductible	
Tier 1 & Tier 2 drug list	No charge		50%	
Tier 3 & Specialty	You pay 100%***		You pay 100%***	
Preventive Benefits Routine physical, prostate screening, vision screening	Included		Included	

NOTES OF INTEREST

The CY deductible for PPO plans is waived for services requiring a copayment and for covered preventive care benefits. Copayments do not apply toward your OPM.

HIGH DEDUCTIBLE HEALTH PLANS

¹The deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims. With this plan, the deductible applies to the annual out-of-pocket maximum. Family coverage means the subscriber and spouse; the subscriber and child(ren); or the subscriber, spouse and child(ren). Under family coverage, each member's covered expenses count toward the deductible, but the specified family coverage deductible must be met before Health Net pays any claims.

²The annual out-of-pocket maximum (OPM) is included in the annual deductible.

PRESCRIPTION DRUG PROGRAM

*** In Pharmacy: Prescription drugs may be filled at a participating pharmacy (up to a 30-day supply).

Mail Order: Prescription drugs may be filled through our participating mail pharmacy (up to a 90 supply).

When Tier 3 brand name drugs are not covered, members will still have the advantage of Health Net's pharmacy discounts.

ADD A SMILE AND CLEAR VISION TO YOUR HEALTH PLAN

Tailor your health benefits to fit your lifestyle. Now, with Health Net's Dental and Vision Plan you can add Dental and Vision benefits to any Health Net Individual and Family Plan starting around \$30 per month. You're covered no matter which dentist¹ or vision provider² you see. Take a look at a few highlights below.

HEALTH NET INDIVIDUAL AND FAMILY VISION

Vision Exams

- You pay \$10, and we pay the rest for covered services.

Lenses and Frames

- You pay \$25 copay for lenses and we pay the rest for covered services.



- Frames covered up to \$100 allowance. Then, 20% discount on any balance.

- Contact Lense allowance up to \$90 for conventional or disposables.

Lens Options include

- UV coating, solid and gradient tint, standard

scratch resistance, standard polycarbonate, standard progressive lenses, standard anti-reflective coating and more. Copays vary by lens option.

- Receive 20 percent off other lens add-ons and services.

Laser Vision Correction

- 15% off retail price or 5% off promotional price

HEALTH NET INDIVIDUAL AND FAMILY DENTAL

Diagnostic and Preventive Services

- No Plan deductible and no waiting period
- Plan pays 80% for services such as oral exams, cleaning, X-rays, fluoride treatments and more.

Basic Services

- No waiting period
- Plan pays 80% for services such as amalgam and resin fillings, space maintainers, palliative treatment (pain relief), and more.

Major Services

- Plan pays 50% for services such as crowns, inlays, dentures, root canal treatment, periodontal treatment, extractions, and more.
- 12-month waiting period

There is an annual deductible amount you pay before your plan begins paying for Basic or Major services: \$50 per individual, \$150 per family.

Annual maximum benefit for all services combined is \$1,000 for each Plan member.

Through the Health Net website – www.healthnet.com – plan members can calculate treatment costs, find a network provider and track dental claims.

¹You can see any licensed dentist and receive benefits for covered services. If you see a participating provider, charges for covered services will be limited to Health Net's contracted amount with the provider.

²When you see a participating provider, charges for covered services will be limited to Health Net's contracted amount with the provider. If you see a non-participating provider, you are reimbursed for selected services up to a specific reimbursement level.

GET THE MOST FROM YOUR HEALTH PLAN

When it comes to improving their health, Health Net members have an advantage. Our programs provide members with coaching, resources, tools, discounts and services to help balance work and family, stay healthy, and understand their health care options.

GET SUPPORT FOR YOUR HEALTH DECISIONS

With **Decision PowerSM**, Health Net members can:

- Talk to a **Health Coach** anytime to discuss health concerns
- Watch **support videos** that show why different people choose different treatment courses for the same health condition
- Learn more about a broad array of health topics from fact-based **information resources**
- Assess and monitor their health, as well as, compare hospitals and research medications using a variety of **online tools**

ASSESS YOUR HEALTH

Our **Health Risk Questionnaire** (HRQ), in partnership with WebMD® helps members uncover potential health risks and provides positive steps to control them

IMPROVE YOUR HEALTH

Health Net's It's Your Life – Wellsite offers a variety of web-based wellness programs to help members improve their health, such as how to stop smoking, manage their weight, learn better nutrition, increase their physical activity and have a healthy pregnancy.

ACHIEVE MORE FOCUSED WELLNESS

Healthyroads™ for Living offers members telephone-based coaching where they learn how to eat better, exercise more, and change their habits with the help of dietitians, personal trainers, nurses, and other certified health educators.

SAVE MONEY

Health Net's **Well Rewards** program allows members to receive discounts for health clubs, eyewear, Weight Watchers®, Jenny Craig®, and health and fitness products.

You have access to Decision PowerSM through your current enrollment with any of the following Health Net companies: Health Net of Arizona, Inc.; Health Net of California, Inc.; Health Net of Connecticut, Inc.; Health Net of New Jersey, Inc.; Health Net of New York, Inc.; Health Net Health Plan of Oregon, Inc.; Health Net Insurance of New York, Inc.; Health Net Life Insurance Company.

Decision PowerSM is not part of Health Net's commercial medical benefit plans nor affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power is part of Health Net's Medicare Advantage benefit plans but is not affiliated with Health Net's provider network. Decision Power services, including Health Coaches, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies.

Health Net® is a registered service mark of Health Net, Inc. A Better DecisionSM and Decision PowerSM are service marks of Health Net, Inc.

ENJOY THE BENEFITS OF HEALTH COVERAGE. APPLY NOW!

WE'VE MADE IT EASY

To request an application call a Health Net sales representative at 1-800-672-5941. An application may be included with this brochure or go to www.healthnet.com to print an application.

Please remember to:

- Type or print clearly in blue or black ink.
- Indicate the health coverage option, and any add-on purchase options you want.

After completing the application, make sure:

- All applicants sign and date the application. This may include you, a spouse and any dependents over age 18, as applicable.
- Health Net receives your application within 30 days of signature date.
- Mail completed application to:

Individual & Family Coverage
Health Net Health Plan of Oregon, Inc.
13221 SW 68th Parkway, Suite 200
Tigard, Oregon 97223

A FINAL REMINDER

- We offer PPO (Diamond 15, Topaz First Dollar, Emerald 40, Garnet 50%) and HSA (Crystal HDHP) plan coverage effective the 1st or the 15th of the month. HMO (Pearl 25) coverage is effective the 1st of the month.
- All applications must be completed by the individual applying for coverage, and are subject to the health statement review and approval.

QUESTIONS?

If you have questions about choosing a coverage option, selecting a doctor or completing the application, please contact your Health Net authorized agent, or call our Individual Sales department at 1-800-672-5941. We'll be happy to assist you.

Disclosure Statement

The Oregon Insurance Division requires that we provide the following information.

This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company. PLEASE READ THE POLICY CAREFULLY!

Individuals who decline coverage under a group health plan to retain or obtain coverage under an individual health plan will be considered late enrollees if they seek enrollment in the group plan at a later date. Late enrollees may be excluded from group plan coverage for up to 12 months, or subjected to a 12-month pre-existing conditions provision.

Major medical expense coverage: Policies of this category are designated to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayments, coinsurance, or other limitations that may be set forth in the policy.



IFP EXCLUSIONS AND LIMITATIONS

All the following benefits, accommodations, care services, equipment, medications or supplies are expressly excluded or limited from coverage:

- Any care deemed not Medically Necessary.
- Services or supplies exceeding benefits maximums.
- Treatment of illness or injury for which a third party is responsible.
- Experimental or investigational procedures.
- Non-authorized emergency services as required by Plan contract.
- Expenses for any condition or complication caused by any procedure, treatment, service, drug, device, product or supply excluded from coverage.
- Private room; private duty nurses.
- Temporomandibular joint (TMJ) related services and Orthognathic (jaw) surgery.
- Custodial, respite care.
- Vision services or supplies (except as outlined in your policy).
- Corrective appliances and artificial aids, braces, disposable or non-prescription or over-the-counter supplies.
- Cosmetic services.
- Reduction or augmentation mammoplasty, except as provided in your policy.
- Medical or psychological reports or physical examinations required primarily for your protection and convenience or for third parties.
- Immunizations and inoculations.
- Public facility care; military service disabilities.
- Infertility services and supplies.
- Reversal of voluntary, infertility (sterilization).
- Diagnosis, treatment and rehabilitation services for obesity and eating disorders.
- All organ and tissue transplants or autologous stem cell rescue not explicitly listed as covered.
- Personal comfort items.
- Learning disorders, psychosocial problems, speech delay, conceptual handicap and developmental delay or dyslexia.
- Speech generating devices.
- Rehabilitation, speech and hearing therapy; chiropractic manipulations.
- Medications, surgical treatment or hospitalization for treatment of impotency, penile implants, services, devices, prosthetics or aids related to treatment of any types of sexual dysfunction, congenital or acquired; sperm storage or banking.
- Genetic engineering.
- Non-medical self-help training.
- Bone bank and eye bank charges.
- Counseling or training in connection with family, sexual, marital or occupational issues.
- Orthoptics, pleoptics (visual therapy and/or training), visual analysis.
- Services for which you would not be liable in the absence of our coverage.
- Any illness, condition, or injury occurring in or arising out of the course of employment.
- Court-ordered care, unless determined to be Medically Necessary and Prior Authorized.
- Outpatient prescription or other drugs and medications, including but not limited to insulin and oral chemotherapy drugs. Prescriptions relating to an inpatient/outpatient confinement filled at a hospital pharmacy prior to discharge or use at home (take-home medications) except for prescriptions for a 24-hour supply or less, following an emergency room visit.

- Diagnosis, treatment and rehabilitation services for injuries sustained while practicing for or competing in a professional or semi-professional athletic contest.
- Pain Management Programs.
- Biofeedback.
- Hair analysis.
- Services or supplies for any illness, injury or condition caused in whole or in part by or related to your use of a motor vehicle when tests show you had a blood alcohol level in excess of that permitted to legally operate a motor vehicle under the laws of the state in which the accident occurred.
- Extraction and storage of autologous blood and derivatives.
- Routine foot care.
- Growth hormone therapy.
- Family planning, counseling and assessment for birth control and birth control devices.
- Preventive and routine examination, services, testing and supplies are excluded for all Members except limited women's health services and except as specifically provided for Members to age 18 in the Preventive Care Value Benefits Supplemental Benefit Schedule if endorsed to your Agreement and except as provided in the IFP Value Plans or as otherwise specified by agreement.
- Circumcisions.
- Drug detoxification; Chemical Dependency including alcohol treatment.
- Known congenital defect or disease unless continually covered with us from birth.
- Alternative Care: All services must be provided by a ASHN preferred provider. Services include chiropractic, naturopathic, acupuncture and massage therapy if endorsed to your Agreement.
- Autologous blood.
- Services of a nutritionist, except for diabetes management and inborn errors of metabolism.

Exclusion Periods

- Services related to an organ transplant, including evaluation, will be covered after a 24-month exclusion period has been satisfied.

Services for the following specified conditions will be covered after a 12-month exclusion period has been satisfied.

- Allergies and their symptoms, including asthma.
- Elective procedures that we determine can be reasonably postponed until the end of the exclusion period.
- Mental disorders.

Services for a pre-existing condition will be covered after a 6-month exclusion period has been satisfied. Pregnancy is subject to the pre-existing conditions.

Upon our receipt of a certificate of Creditable Coverage, the exclusion periods will be reduced by the length of Creditable Coverage under other Health Benefit Plans provided the following conditions are met:

- Creditable Coverage must either remain in effect on the effective date of coverage or was terminated no more than 63 days prior to the effective date, and
- Except for services for a pre-existing condition, the excluded service must have been covered under the other Health Benefit Plan.
- The exclusion periods do not apply to a newborn or newly adopted child.

For more information
please contact:

Health Net Health Plan of Oregon, Inc.

13221 SW 68th Parkway
Tigard, Oregon 97223
1-888-802-7001

Customer Contact Center

Monday–Friday 7:30 a.m. to 5:00 p.m.
1-888-802-7001
service@healthnet.com

Speech and Hearing Assistance:

Monday–Friday 8:00 a.m. to 5:00 p.m.
TTY 1-888-802-7122
service@healthnet.com

www.healthnet.com