



Health Net Health Plan of Oregon, Inc.
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Notice of Changes to Coverage Terms for New and Renewing Large Business Groups Effective on and after January 1, 2020

The Health Net Health Plan of Oregon, Inc. (Health Net) Group Plan Benefits and Group Medical and Hospital Service Agreement issued in 2019 will be amended to include the changes that appear in this Notice for compliance with new laws, regulatory requirements and/or to address Health Net administrative or policy changes. The following modifications apply to Oregon Commercial Large Business Group plans and will appear in the 2020 Agreement.

Additional changes, not confirmed at the time of this mailing, may be required. Please ensure that subscribers in your groups are informed of the changes described in this Notice.

Unless specifically noted otherwise, the following changes apply to all commercial products, including EPO, PPO, Flex Net, and Triple Option.

Legislative/Regulatory Changes

1. **Maternity Benefits** – Contract language was added per HB 3391 to add abortion services as a Covered Service. Language added to reference cost share information.
2. **Prescription Drug Benefits** – Contract language was revised per HB 2527 to add contraceptive injectables to the list of services covered under "Women's contraception methods".
3. **Preventive Care** – Contract language was added per HB 3391 to add additional Covered Services to the list of services not supported by HRSA.

Language Clarifications

1. **Emergency Medical Care (Ambulance transport)** – Contract language was revised to clarify air ambulance is covered when ground transportation is medically or physically inappropriate.
2. **Definitions** – A new definition was added to the Definitions section. "Drug Discount" or "Coupon" or "Copay" card means cards or Coupons typically provided by a drug manufacturer to discount the Copayment and/or Coinsurance or your other out-of-pocket costs (e.g. Deductible or Out-of-Pocket Maximum).
3. **Definitions** – Modifications to the definition was revised in the Definitions section. "Expedited Claim" was changed to "Expedited Review" to provide clarity to the term. All instances in the contract were changed.

4. **Definitions** – Modifications to the definition was revised in the Definitions section. “Disabled” was modified to provide clarity to the term.
5. **Definitions** – A new definition was added to the Definitions section. “Surrogacy Arrangement” means an understanding in which a woman (the Surrogate) agrees to become pregnant and carry a child (or children) for another person (or persons) who intend to raise the child (or children), whether or not the Surrogate receives payment for acting as a Surrogate.
6. **Definitions** – A new definition was added to the Definitions section. “Surrogate” means a gestational carrier who, as part of a Surrogacy Arrangement, (a) uses her own egg that is fertilized by a donor or (b) has a fertilized egg placed in her body but the egg is not her own.
7. **General Limitations** – Added language to provide the current MHN claims submission address.

Policy and Benefit Changes

1. **Physician Services (Diagnostic Services)** – Language has been modified to align with the current Prior Authorization list. Sleep studies and cardiac catheterization no longer require Prior Authorization.
2. **Outpatient Services (Diagnostic Services)** – Language has been modified to align with the current Prior Authorization list. Sleep studies and cardiac catheterization no longer require Prior Authorization.
3. **Dental Anesthesia** – Language has been modified to align with the current Prior Authorization list. Prior Authorization is only required for inpatient services.
4. **Fertility Preservation** – Language has been modified under "Exclusions and Limitations" removing previously excluded services that are Covered Services for fertility preservation.
5. **Maternity Benefits** – Contract language was added regarding Duty to Cooperate, members who are surrogates must provide us with written notice.
6. **Pediatric Vision Services** – Language has been modified to add additional Covered Services.
7. **Prescription Drug Benefits** – Contract language was added regarding the use of Drug Discount, Coupon, or Copay Card to align with current plan benefits.
8. **Sleep Studies** – Language has been modified to align with the current Prior Authorization list. Prior Authorization is not required for these services.
9. **Exclusions and Limitation** – Contract language was added to include Surrogacy Arrangement as a service that is excluded from coverage.

For more information regarding this Notice of Changes to Coverage Terms, please contact your Health Net Account Manager at 888-802-7001.