



Health Net Health Plan of Oregon, Inc.
13221 SW 68th Pkwy., Ste. 200
Tigard, OR 97223

Notice of Changes to Coverage Terms for New and Renewing Washington 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 2020 will 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 Washington 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 PPO products.

Legislative/Regulatory Changes

- **General Terms under which Benefits are Provided** ~ To comply with WA Senate Bill 1065, language was added to advise that certain Covered Services provided by the Out-of-Network Provider, in an in-network facility, will be payable at the in-network level of cost benefits and Deductible, if applicable, without balance billing. For detailed information regarding your rights as a Member, you can refer to the newly added "Balance Billing Protection Notice" within the Group Medical and Hospital Agreement.
- **Reproductive Rights (Sterilization)** ~ Language was revised under the "Sterilization" section to clarify the cost share for Members on the High Deductible Health Plans (HDHP) to comply with the WA Senate Bill 6219, which requires coverage of certain reproductive services. Additionally, under this regulation, all FDA-approved male contraceptive services and supplies are subject to a minimum Deductible amount, set forth by the Federal Internal Revenue Service, as described in their Basic Benefit Copayment and Coinsurance Schedule.

Language Clarifications

- **Durable Medical Equipment (DME) and Prosthetic Devices** ~ Contract language was revised to clarify Health Net also uses DME coverage guidelines as defined by Interqual (McKesson) and the Durable Medical Equipment Medicare Administrative Contractor (DME MAC).

- **Definitions** ~ New definitions were added to support the new provisions within the Group Plan Benefits and Pharmacy Riders:
 - o Surrogacy Arrangement
 - o Surrogate
- **Grievances and Appeals** ~ The Health Net contact information for Members to submit a Grievance or Appeal has been updated. Additionally, the contact information was updated within the "Pharmacy Disclosure Notice" section.
- **Notice of Privacy Practices** ~ Contact information for the Health Net Privacy Office was revised to provide the current contact information.

Policy and Benefit Changes

- **Physician/Outpatient Services** ~ Sleep studies and cardiac catheterization have been added under Diagnostic Services as covered services. These services do not require Prior Authorization.
- **Emergency Services (Ambulance Transport)** ~ Language was revised to advise Members that air ambulance transporting services are only covered when ground transportation is medically or physically inappropriate, and transports for facility to facility transfers are covered only when Prior Authorized.
- **Dental Anesthesia** ~ Language was revised under "Exclusions and Limitations" to advise Members that inpatient anesthesia services are only covered when Prior Authorized.
- **Fertility Preservation** ~ Contract language was revised under the "Exclusions and Limitations" section removing previously excluded service (**services and supplies for gamete or embryo storage**).
- **Maternity Benefits (Duty to Cooperate)** ~ Language was added under "Maternity Benefits" to advise Members of their duty to provide written notice to Health Net within 30 days of enrollment or agreement if participating in a Surrogacy Arrangement. Additionally, services not covered during the time of the Surrogacy process are listed under the "Exclusions and Limitations (What's Not Covered)" section.

Supplemental Benefit Schedule Changes

- **Exclusions** ~ Certain conditions, under "Exclusions" in the Supplemental Benefit Schedule Outpatient Prescription Drug, have been removed as these conditions are no longer 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.