



Health Net Health Plan of Oregon, Inc.  
13221 SW 68th Parkway  
Tigard, Oregon 97223  
Phone 888.802.7001  
[www.healthnet.com](http://www.healthnet.com)

Your Health Net Health Plan of Oregon (Health Net) group health insurance has terminated or is scheduled to terminate soon. We are writing to let you know that there may be options available to you for maintaining your coverage.

Portability coverage provides a health benefit option for individuals living in Oregon who lose group coverage from Oregon based employers. The state of Oregon has regulations and laws that govern portability coverage, specifically ORS 743.760 and 743.761.

Portability coverage qualification and options are explained in greater detail in the attached materials. If you'd like to apply for portability coverage, please submit your application and premium to Health Net within 63-days of the date of this notice. **Your effective date will be the day after your last day of your group coverage. If you fail to act within the 63-day time period, you will lose the opportunity to obtain portability coverage.**

If your employer group plan is based in Washington State and/or you reside in Washington, you do not qualify for portability coverage. However, if you are a Washington State resident and your employer group is based in Washington, you may be eligible for Washington conversion coverage. Please contact Celtic Life Insurance Company at 1-800-365-2365 for information about this option.

If you'd like to have continued health care coverage, there are a number of continuation options that may be available to you. These options include:

- Continuing coverage under the group plan for a specified period of time, if you are eligible for state or federal continuation
- Electing coverage under a portability or conversion health plan, or under a state-sponsored plan if you are not eligible for portability or conversion
- Applying for coverage under an individual health plan

If you have questions, please call a Customer Contact Representative Monday through Friday (8:00 a.m. to 5:00 p.m.) at 1-888-802-7001. We look forward to serving you in the future.

Sincerely,

Health Net Health Plan of Oregon, Inc.



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13221 SW 68th Parkway  
Tigard, Oregon 97223  
Phone 888.802.7001  
[www.healthnet.com](http://www.healthnet.com)

## **APPLYING FOR A HEALTH NET PORTABILITY PLAN:**

If you meet the portability criteria outlined in the Portability Coverage Qualifications Summary below, you can apply for a Health Net portability plan.

You can review Health Net's Portability rate and benefit summaries by visiting our website at [www.healthnet.com](http://www.healthnet.com) or by calling our Customer Contact Center at 1-888-802-7001 to request copies of the portability plans you are eligible for. To apply, complete the portability application form and send payment for premium starting on the first day after your group coverage ends. You must apply for Health Net portability coverage within 63 days of the termination of your group health plan. If you have questions, please call a Customer Contact Representative at 1-888-802-7001.

## **PORTABILITY COVERAGE QUALIFICATIONS SUMMARY:**

Oregon laws govern portability coverage. To be eligible for this option you must cease to qualify for group coverage under an applicable Health Net plan as outlined in the group policy, and meet all three of the following guidelines:

1. You've been continuously covered under an Oregon group plan for at least 180 days, or you have at least 18 months of prior health insurance coverage and the most recent coverage was in a group plan.
2. You apply for a portability plan within 63 days of the termination of your group coverage and pay the applicable premium within this period. If you do not apply within the 63-day time period, you will lose the opportunity to obtain portability coverage.
3. You reside in the state of Oregon.

You can choose from two types of portability coverage, a prevailing benefit design or a low cost benefit design. The benefits provided by each plan design are governed by Oregon regulations. Please note: Health Net does not offer a portability plan which meets Health Savings Account (HSA) qualifications.

## **CONTINUING GROUP COVERAGE OPTIONS:**

You may be eligible to continue the same coverage and benefits as provided under the group plan you are leaving if you are eligible for state or federal continuation. You will receive a separate notice from your former employer regarding this option. If you wish to choose this option, please contact your former employer directly to determine which continuation coverage is available to you.

## **ADDITIONAL COVERAGE OPTIONS:**

The following options are available to you if your employer no longer offers group coverage.

### **State-sponsored Coverage (OMIP)**

If you are not eligible for Health Net portability coverage, you can apply for coverage under the Oregon Medical Insurance Pool (OMIP). For additional information, please call OMIP at 1-800-848-7280.

### **Individual Coverage**

You may wish to obtain coverage through one of Health Net's medically underwritten Individual and Family Plans (IFP). In many cases the benefits are comparable to those under your group plan. If you are interested, please contact Health Net Individual and Family sales at 1-888-802-7001.



**Health Net Health Plan of Oregon, Inc.**  
**HMO Portability Plan**  
**Low Cost Benefit Design**  
**Copayment and Coinsurance Schedule AIL100/12**

The plan requires that you first select a Primary Care Provider (PCP) from our HMO network. Your PCP coordinates all your health care, including Referrals. **Certain services including but not limited to Birthing Center services, Home Health Care, infusion services that can be safely administered in the home or in a home infusion suite, organ and tissue transplant services, Durable Medical Equipment, and Prosthetic Devices/Orthotic Devices are covered only if provided by a designated Specialty Care Provider. See Article 1.6 of the Basic Benefit Schedule.**

To confirm whether a Provider participates in our HMO network, refer to our Provider directory, use the regularly updated ProviderSearch feature on our web site, or get in touch with a Customer Contact Center representative by using the contact information that is given on the bottom of this sheet.

**Your benefits are subject to Copayments or Coinsurance listed in this Schedule.**

<b>Benefits</b>	<b>For covered services, you are responsible for:</b>
Doctor's visits, including maternity	\$30 per visit
Preventive services	No charge
Well baby	No charge
Well child	No charge
Preventive care, women's and men's health care services - Pap test, breast exam, pelvic exam, PSA test and digital rectal exam	No charge
Immunizations	No charge
Therapeutic injections	\$30 per visit
Hospital inpatient services, including maternity <sup>4</sup>	\$500 daily Copayment for up to 5 days per admission <sup>1</sup>
Outpatient services, including outpatient surgery and ambulatory services, MRI, CT, and angiogram	\$150 per visit
Skilled Nursing Facilities - 60 days/year max	\$500 daily Copayment for up to 5 days per admission <sup>1</sup>
Home Health Care - 60 visits/year max	\$30 per visit
Urgent care facilities	\$50 per visit
Urgent care facilities (Outside of Service Area)	20% (MAA applies to Nonparticipating Providers) <sup>5</sup>
Emergency room	\$150 per visit (waived if admitted)
Emergency room (Outside of Service Area)	20% (MAA applies to Nonparticipating Providers) <sup>5</sup>
Lab and X-ray services (in doctor's office)	Covered - No Copayment except office visit
Lab services (outpatient)	\$15 per lab test
Radiology/X-ray (outpatient)	\$25 per radiology/X-ray procedure
Outpatient chemotherapy (non-oral anticancer medications and administration)	\$500 daily Copayment
Outpatient prescription drugs	Refer to Prescription Drug Benefit Schedule
Emergency ground ambulance transport – 3 trips/year max	\$150 per trip
Emergency air ambulance transport - \$10,000/year max	\$150 per trip
Transplants - Refer to Basic Benefit Schedule	Covered, subject to hospital, office visit and other Copayments or Coinsurance
Durable Medical Equipment \$5,000/year max	50% contract rate
Prosthetic Devices/Orthotic Devices	50% contract rate
Medical supplies (including therapeutic injected substances)	50% contract rate
Physical/occupational/speech therapy - 30 visits/year max	\$30 per visit
Diabetes management - one initial program per lifetime	\$30 per program
Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class <sup>2</sup>
Experimental/Investigational	Not covered
Hospice care	\$30 per day



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## Copayment and Coinsurance Schedule AIL100/12

For covered services, you are responsible for:

### Behavioral Health Services – Chemical Dependency and Mental or Nervous Conditions

Physician services <sup>3</sup>	\$30 per visit
Outpatient center <sup>3</sup>	\$150 per visit
Inpatient services <sup>3</sup>	\$500 daily Copayment for up to 5 days per admission <sup>2</sup>

### Maximums

Out-of-pocket maximum per individual per Calendar Year	\$3,000
Out-of-pocket maximum per family per Calendar Year	\$9,000

#### Notes:

- <sup>1</sup> Daily Copayment applies to combined Hospital/Skilled Nursing Facility admissions if they are continuous.
- <sup>2</sup> Your payments do not apply to the annual out-of-pocket maximum.
- <sup>3</sup> For mental health or Chemical Dependency services, call [800-977-8216].
- <sup>4</sup> The above Copayment for Hospital inpatient services is applicable for each admission for the hospitalization of an adult, pediatric or newborn patient. If a newborn patient requires admission to an intermediate or intensive care nursery, a separate Copayment for Hospital inpatient services will apply.
- <sup>5</sup> When services are received from Nonparticipating Providers, reimbursement is based on Maximum Allowable Amount (MAA) we pay. You are responsible for 20% of the MAA amount plus any additional amount in excess of the MAA.

***This Schedule presents general information only. Certain services require Prior Authorization or must be performed by a Specialty Care Provider. Refer to your Agreement for details, limitations and exclusions.***

Health Net Health Plan of Oregon, Inc. • 888-802-7001 • [www.healthnet.com](http://www.healthnet.com)



**Health Net Health Plan of Oregon, Inc.**  
**HMO Portability Plan**  
**Prevailing Benefit Design**  
**Copayment and Coinsurance Schedule AIP100/12**

The plan requires that you first select a Primary Care Provider (PCP) from our HMO network. Your PCP coordinates all your health care, including Referrals. **Certain services including but not limited to Birthing Center services, Home Health Care, infusion services that can safely be administered in the home or in a home infusion suite, organ and tissue transplant services, Durable Medical Equipment, and Prosthetic Devices/Orthotic Devices are covered only if provided by a designated Specialty Care Provider. See Article 1.6 of the Basic Benefit Schedule.**

To confirm whether a Provider participates in our HMO network, refer to our Provider directory, use the regularly updated ProviderSearch feature on our web site, or get in touch with a Customer Contact Center representative by using the contact information that is given on the bottom of this sheet.

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Immunizations	No charge
Therapeutic injections	\$30 per visit
Hospital inpatient services, including maternity <sup>4</sup>	\$100 daily Copayment for up to 5 days per admission <sup>1</sup>
Outpatient services, including outpatient surgery and ambulatory services, MRI, CT, and angiogram	\$100 per visit
Skilled Nursing Facilities - 60 days/year max	\$100 daily Copayment for up to 5 days per admission <sup>1</sup>
Home Health Care - 60 visits/year max	\$20 per visit
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Urgent care facilities (Outside of Service Area)	20% (MAA applies to Nonparticipating Providers) <sup>5</sup>
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Lab and X-ray services (in doctor's office)	Covered - No Copayment except office visit
Lab services (outpatient)	\$15 per lab test
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Prescription drugs (outpatient)	Refer to Prescription Drug Benefit Schedule
Emergency ground ambulance transport – 3 trips/year max	\$100 per trip
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Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class <sup>2</sup>
Experimental/Investigational	Not covered
Hospice care	\$20 per day



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## Copayment and Coinsurance Schedule AIP100/12

For covered services, you are responsible for:

### Behavioral Health Services – Chemical Dependency and Mental or Nervous Conditions

Physician services <sup>3</sup>	\$30 per visit
Outpatient center <sup>3</sup>	\$100 per visit
Inpatient services <sup>3</sup>	\$100 daily Copayment for up to 5 days per admission <sup>1</sup>

### Maximums

Out-of-pocket maximum per individual per Calendar Year	\$1,500
Out-of-pocket maximum per family per Calendar Year	\$4,500

#### Notes:

- <sup>1</sup> Daily Copayment applies to combined Hospital/Skilled Nursing Facility admissions if they are continuous.
- <sup>2</sup> Your payments do not apply to the annual out-of-pocket maximum.
- <sup>3</sup> For mental health or Chemical Dependency services, call [800-977-8216].
- <sup>4</sup> The above Copayment for Hospital inpatient services is applicable for each admission for the hospitalization of an adult, pediatric or newborn patient. If a newborn patient requires admission to an intermediate or intensive care nursery, a separate Copayment for Hospital inpatient services will apply.
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***This Schedule presents general information only. Certain services require Prior Authorization. Refer to your Agreement for details, limitations and exclusions.***

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## Health Net Health Plan of Oregon, Inc. HMO Product Name Update Contract Update Addendum

In this Addendum, the terms "we," "our" and "us" refer to Health Net Health Plan of Oregon, Inc. and the terms "you" and "your" refer to the Subscriber and to each Enrolled Dependent unless otherwise specified.

### **Purpose and Function of this Addendum**

The purpose of this Addendum is to inform you of a product name update, which takes effect on September 1, 2012. We are updating our HMO product name from Health Net Health Plan of Oregon HMO (Health Maintenance Organization) to Health Net Health Plan of Oregon EPO (Exclusive Provider Organization).

An EPO plan, which is an HMO-like product, is defined as a plan under which members must use providers from the specified network of physicians and hospitals to receive coverage; there is no coverage for care received from a non-network provider except in an emergency situation.

This Addendum is an amending attachment to your Plan Contract, including the Basic Benefit Schedule, the Group Medical and Hospital Service Agreement and any applicable Supplemental Benefit Schedule. To the extent that the terms of this Addendum conflict with the terms of those documents, the terms of this Addendum will control. All other terms, conditions, exclusions and definitions in the Agreement and its attachments continue to apply.

**Please Note: This is a product name update only and does not alter any benefits or services that are provided under our current HMO plans.**

### **Adoption Period**

Health Net will continuously work on updating all internal and external materials, references and resources to align with this product name update. You may continue to see the HMO product referenced in various Health Net of Oregon documents, as well as within the provider community, until the transition is complete.

**Health Net Health Plan of Oregon, Inc.**

A handwritten signature in black ink, appearing to read 'Chris Ellertson', written over a horizontal line.

Chris Ellertson, President

# OREGON EPO PORTABILITY PLAN

*Monthly Premium Rates effective August 1, 2012, through July 31, 2013<sup>1</sup>*

## Oregon EPO Portability Plan coverage

Portability coverage improves the availability of health benefit plans for individuals who lose group health coverage. The plan is designed to provide coverage for major hospital, medical and surgical expenses that result from a covered accident or sickness. Coverage is subject to any deductibles, copayment provisions or other limitations set forth in the plan. Additional information is available by calling one of our individual sales representatives at 1-888-802-7001.

### TABLES OF MONTHLY PREMIUM RATES

This guide contains tables of the monthly premiums for Health Net Oregon's EPO Portability Plan effective August 1, 2012. Rates are shown for both the Prevailing Benefit Plan and the Low Cost Benefit Plan. Rates are included for the seven Oregon service areas in which these plans are available. Rates are distributed within each table according to age bands. Please note:

- Premium rates are based on the age of the subscriber.
- "Subscriber & Child(ren)" is defined as the employee and one or more children.
- "Subscriber & Family" is defined as the employee, spouse and one or more children.

### SERVICE AREAS BY COUNTY

#### *Area 1*

Clackamas, Multnomah, Washington, Yamhill

#### *Area 2*

Benton, Lane, Linn

#### *Area 3*

Marion, Polk

#### *Area 4*

Deschutes, Klamath, Lake

#### *Area 5*

Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook

#### *Area 6*

Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler

#### *Area 7*

Jackson, Josephine, Douglas

### HOW TO FIND YOUR MONTHLY PREMIUM

1. Identify the service area for the county in which you live and refer to the rate table for that area.
2. Identify your preferred plan: Prevailing Benefit Plan or Low Cost Benefit Plan.
3. Identify the age category for your plan's subscriber.
4. Identify your level of coverage: Subscriber, Subscriber & Spouse, Subscriber & Child(ren), or Subscriber & Family.
5. The resulting box shows your monthly premium rate.

<sup>1</sup>Rates will be in effect through July 2013 unless legislative requirements are imposed prior to that date.





# Health Net Health Plan of Oregon, Inc.

Portability Rate Filing (age-banded rates)

Effective August 1, 2012 through July 31, 2013

## EPO Portability Low Cost

### Area 1: Clackamas, Multnomah, Washington, Yamhill

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$532.73	\$1,145.37	\$815.07	\$1,198.64
25-29	\$532.73	\$1,145.37	\$815.07	\$1,198.64
30-34	\$532.73	\$1,145.37	\$831.38	\$1,253.91
35-39	\$532.73	\$1,145.37	\$944.42	\$1,403.63
40-44	\$532.73	\$1,294.42	\$1,029.51	\$1,509.82
45-49	\$617.30	\$1,519.85	\$1,041.56	\$1,646.69
50-54	\$781.24	\$1,834.19	\$1,150.38	\$1,852.53
55-59	\$986.05	\$2,217.26	\$1,288.47	\$2,239.43
60-64	\$1,065.46	\$2,290.73	\$1,486.18	\$2,334.32
65+	\$1,065.46	\$2,290.73	\$1,623.79	\$2,393.00

### Area 4: Deschutes, Klamath, Lake

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$627.29	\$1,348.67	\$959.75	\$1,411.40
25-29	\$627.29	\$1,348.67	\$959.75	\$1,411.40
30-34	\$627.29	\$1,348.67	\$978.96	\$1,476.47
35-39	\$627.29	\$1,348.67	\$1,112.05	\$1,652.77
40-44	\$627.29	\$1,524.18	\$1,212.25	\$1,777.81
45-49	\$726.87	\$1,789.62	\$1,226.43	\$1,938.98
50-54	\$919.91	\$2,159.76	\$1,354.57	\$2,181.36
55-59	\$1,161.07	\$2,610.82	\$1,517.17	\$2,636.93
60-64	\$1,254.57	\$2,697.34	\$1,749.97	\$2,748.66
65+	\$1,254.57	\$2,697.34	\$1,912.01	\$2,817.76

### Area 2: Benton, Lane, Linn

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$599.32	\$1,288.54	\$916.96	\$1,348.47
25-29	\$599.32	\$1,288.54	\$916.96	\$1,348.47
30-34	\$599.32	\$1,288.54	\$935.31	\$1,410.64
35-39	\$599.32	\$1,288.54	\$1,062.47	\$1,579.08
40-44	\$599.32	\$1,456.22	\$1,158.20	\$1,698.55
45-49	\$694.46	\$1,709.83	\$1,171.75	\$1,852.53
50-54	\$878.90	\$2,063.47	\$1,294.18	\$2,084.10
55-59	\$1,109.30	\$2,494.42	\$1,449.53	\$2,519.36
60-64	\$1,198.64	\$2,577.07	\$1,671.95	\$2,626.11
65+	\$1,198.64	\$2,577.07	\$1,826.76	\$2,692.12

### Area 5: Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$599.32	\$1,288.54	\$916.96	\$1,348.47
25-29	\$599.32	\$1,288.54	\$916.96	\$1,348.47
30-34	\$599.32	\$1,288.54	\$935.31	\$1,410.64
35-39	\$599.32	\$1,288.54	\$1,062.47	\$1,579.08
40-44	\$599.32	\$1,456.22	\$1,158.20	\$1,698.55
45-49	\$694.46	\$1,709.83	\$1,171.75	\$1,852.53
50-54	\$878.90	\$2,063.47	\$1,294.18	\$2,084.10
55-59	\$1,109.30	\$2,494.42	\$1,449.53	\$2,519.36
60-64	\$1,198.64	\$2,577.07	\$1,671.95	\$2,626.11
65+	\$1,198.64	\$2,577.07	\$1,826.76	\$2,692.12

### Area 3: Marion, Polk

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$546.05	\$1,174.00	\$835.45	\$1,228.60
25-29	\$546.05	\$1,174.00	\$835.45	\$1,228.60
30-34	\$546.05	\$1,174.00	\$852.17	\$1,285.25
35-39	\$546.05	\$1,174.00	\$968.03	\$1,438.72
40-44	\$546.05	\$1,326.78	\$1,055.25	\$1,547.56
45-49	\$632.73	\$1,557.84	\$1,067.60	\$1,687.86
50-54	\$800.77	\$1,880.05	\$1,179.14	\$1,898.85
55-59	\$1,010.70	\$2,272.69	\$1,320.68	\$2,295.42
60-64	\$1,092.09	\$2,348.00	\$1,523.33	\$2,392.68
65+	\$1,092.09	\$2,348.00	\$1,664.39	\$2,452.82

### Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$625.96	\$1,345.80	\$957.71	\$1,408.40
25-29	\$625.96	\$1,345.80	\$957.71	\$1,408.40
30-34	\$625.96	\$1,345.80	\$976.88	\$1,473.34
35-39	\$625.96	\$1,345.80	\$1,109.69	\$1,649.26
40-44	\$625.96	\$1,520.94	\$1,209.68	\$1,774.04
45-49	\$725.33	\$1,785.82	\$1,223.83	\$1,934.87
50-54	\$917.96	\$2,155.18	\$1,351.70	\$2,176.73
55-59	\$1,158.61	\$2,605.28	\$1,513.95	\$2,631.33
60-64	\$1,251.91	\$2,691.61	\$1,746.26	\$2,742.82
65+	\$1,251.91	\$2,691.61	\$1,907.95	\$2,811.77



# Health Net Health Plan of Oregon, Inc.

Portability Rate Filing (age-banded rates)

Effective August 1, 2012 through July 31, 2013

## EPO Portability Low Cost

**Area 7:** Jackson, Josephine, Douglas

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$639.27	\$1,374.44	\$978.09	\$1,438.37
25-29	\$639.27	\$1,374.44	\$978.09	\$1,438.37
30-34	\$639.27	\$1,374.44	\$997.66	\$1,504.69
35-39	\$639.27	\$1,374.44	\$1,133.30	\$1,684.35
40-44	\$639.27	\$1,553.31	\$1,235.42	\$1,811.78
45-49	\$740.76	\$1,823.82	\$1,249.87	\$1,976.03
50-54	\$937.49	\$2,201.03	\$1,380.46	\$2,223.04
55-59	\$1,183.26	\$2,660.71	\$1,546.16	\$2,687.32
60-64	\$1,278.55	\$2,748.88	\$1,783.41	\$2,801.18
65+	\$1,278.55	\$2,748.88	\$1,948.55	\$2,871.60



# Health Net Health Plan of Oregon, Inc.

Portability Rate Filing (age-banded rates)

Effective August 1, 2012 through July 31, 2013

## EPO Portability Prevailing

### Area 1: Clackamas, Multnomah, Washington, Yamhill

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$576.65	\$1,239.79	\$882.27	\$1,297.45
25-29	\$576.65	\$1,239.79	\$882.27	\$1,297.45
30-34	\$576.65	\$1,239.79	\$899.92	\$1,357.28
35-39	\$576.65	\$1,239.79	\$1,022.27	\$1,519.34
40-44	\$576.65	\$1,401.13	\$1,114.39	\$1,634.29
45-49	\$668.19	\$1,645.14	\$1,127.42	\$1,782.45
50-54	\$845.65	\$1,985.40	\$1,245.22	\$2,005.26
55-59	\$1,067.34	\$2,400.05	\$1,394.69	\$2,424.05
60-64	\$1,153.29	\$2,479.58	\$1,608.70	\$2,526.76
65+	\$1,153.29	\$2,479.58	\$1,757.65	\$2,590.28

### Area 4: Deschutes, Klamath, Lake

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$679.00	\$1,459.85	\$1,038.87	\$1,527.75
25-29	\$679.00	\$1,459.85	\$1,038.87	\$1,527.75
30-34	\$679.00	\$1,459.85	\$1,059.66	\$1,598.19
35-39	\$679.00	\$1,459.85	\$1,203.73	\$1,789.02
40-44	\$679.00	\$1,649.83	\$1,312.19	\$1,924.37
45-49	\$786.79	\$1,937.16	\$1,327.54	\$2,098.83
50-54	\$995.75	\$2,337.81	\$1,466.24	\$2,361.19
55-59	\$1,256.79	\$2,826.06	\$1,642.25	\$2,854.32
60-64	\$1,358.00	\$2,919.70	\$1,894.24	\$2,975.26
65+	\$1,358.00	\$2,919.70	\$2,069.64	\$3,050.05

### Area 2: Benton, Lane, Linn

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$648.73	\$1,394.76	\$992.55	\$1,459.63
25-29	\$648.73	\$1,394.76	\$992.55	\$1,459.63
30-34	\$648.73	\$1,394.76	\$1,012.41	\$1,526.94
35-39	\$648.73	\$1,394.76	\$1,150.06	\$1,709.26
40-44	\$648.73	\$1,576.27	\$1,253.69	\$1,838.57
45-49	\$751.71	\$1,850.79	\$1,268.35	\$2,005.25
50-54	\$951.35	\$2,233.58	\$1,400.87	\$2,255.91
55-59	\$1,200.75	\$2,700.05	\$1,569.03	\$2,727.05
60-64	\$1,297.45	\$2,789.52	\$1,809.78	\$2,842.60
65+	\$1,297.45	\$2,789.52	\$1,977.36	\$2,914.06

### Area 5: Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$648.73	\$1,394.76	\$992.55	\$1,459.63
25-29	\$648.73	\$1,394.76	\$992.55	\$1,459.63
30-34	\$648.73	\$1,394.76	\$1,012.41	\$1,526.94
35-39	\$648.73	\$1,394.76	\$1,150.06	\$1,709.26
40-44	\$648.73	\$1,576.27	\$1,253.69	\$1,838.57
45-49	\$751.71	\$1,850.79	\$1,268.35	\$2,005.25
50-54	\$951.35	\$2,233.58	\$1,400.87	\$2,255.91
55-59	\$1,200.75	\$2,700.05	\$1,569.03	\$2,727.05
60-64	\$1,297.45	\$2,789.52	\$1,809.78	\$2,842.60
65+	\$1,297.45	\$2,789.52	\$1,977.36	\$2,914.06

### Area 3: Marion, Polk

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$591.06	\$1,270.78	\$904.32	\$1,329.89
25-29	\$591.06	\$1,270.78	\$904.32	\$1,329.89
30-34	\$591.06	\$1,270.78	\$922.42	\$1,391.21
35-39	\$591.06	\$1,270.78	\$1,047.83	\$1,557.32
40-44	\$591.06	\$1,436.16	\$1,142.25	\$1,675.14
45-49	\$684.89	\$1,686.27	\$1,155.61	\$1,827.01
50-54	\$866.79	\$2,035.04	\$1,276.35	\$2,055.39
55-59	\$1,094.02	\$2,460.05	\$1,429.56	\$2,484.65
60-64	\$1,182.12	\$2,541.57	\$1,648.91	\$2,589.93
65+	\$1,182.12	\$2,541.57	\$1,801.60	\$2,655.03

### Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler

*Rates effective 8/1/2012*

Age band	Subscriber only	Subscriber & spouse	Subscriber & child(ren)	Subscriber & family
<25	\$677.56	\$1,456.75	\$1,036.66	\$1,524.51
25-29	\$677.56	\$1,456.75	\$1,036.66	\$1,524.51
30-34	\$677.56	\$1,456.75	\$1,057.41	\$1,594.80
35-39	\$677.56	\$1,456.75	\$1,201.17	\$1,785.22
40-44	\$677.56	\$1,646.33	\$1,309.40	\$1,920.29
45-49	\$785.12	\$1,933.04	\$1,324.72	\$2,094.38
50-54	\$993.63	\$2,332.85	\$1,463.13	\$2,356.18
55-59	\$1,254.12	\$2,820.06	\$1,638.76	\$2,848.26
60-64	\$1,355.12	\$2,913.50	\$1,890.22	\$2,968.94
65+	\$1,355.12	\$2,913.50	\$2,065.24	\$3,043.58



## Health Net Health Plan of Oregon, Inc.

Portability Rate Filing (age-banded rates)

Effective August 1, 2012 through July 31, 2013

### EPO Portability Prevailing

**Area 7:** Jackson, Josephine, Douglas

*Rates effective 8/1/2012*

<b>Age band</b>	<b>Subscriber only</b>	<b>Subscriber &amp; spouse</b>	<b>Subscriber &amp; child(ren)</b>	<b>Subscriber &amp; family</b>
<25	\$691.97	\$1,487.75	\$1,058.72	\$1,556.94
25-29	\$691.97	\$1,487.75	\$1,058.72	\$1,556.94
30-34	\$691.97	\$1,487.75	\$1,079.91	\$1,628.73
35-39	\$691.97	\$1,487.75	\$1,226.73	\$1,823.21
40-44	\$691.97	\$1,681.36	\$1,337.26	\$1,961.15
45-49	\$801.83	\$1,974.17	\$1,352.91	\$2,138.94
50-54	\$1,014.78	\$2,382.48	\$1,494.26	\$2,406.31
55-59	\$1,280.80	\$2,880.06	\$1,673.63	\$2,908.86
60-64	\$1,383.95	\$2,975.49	\$1,930.44	\$3,032.11
65+	\$1,383.95	\$2,975.49	\$2,109.19	\$3,108.33



# Individual HMO Portability Plan Application

*Health Net Health Plan of Oregon, Inc.*

I hereby apply to Health Net Health Plan of Oregon, Inc. (Health Net of Oregon) for an individual HMO Portability Plan.

**Portability Plan option (Please select one):**    **Prevailing level**    **Low Cost level**

My initial premium of \$ \_\_\_\_\_ is enclosed. My effective date will be the day after my last day of group coverage.

**Cash or check must accompany application.** Incomplete applications will be returned. Health Net may change or amend the policy or premiums by giving the Subscriber 30-days' notice before the change is effective.

<i>Subscriber</i>					
Last name:	First name:	MI:	Birth date:	Sex:	Social Security number:
Residence address (street, city, state, ZIP code, county):					Home phone number:
Billing address (street, city, state, ZIP code, county):					Work phone number:

<i>Dependents to be covered</i> Please attach a separate sheet if necessary.					
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Relationship to Subscriber	Last name, first name, MI	Birth date	Sex	Social Security number
<input type="checkbox"/> Spouse				
<input type="checkbox"/> Registered Domestic Partner				
<input type="checkbox"/> Dependent child				
<input type="checkbox"/> Dependent child				
<input type="checkbox"/> Dependent child				
<input type="checkbox"/> Dependent child				

Please explain the relationship to you of anyone listed above whose last name is different from yours:

<i>Eligibility / other coverage</i>					
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Only individuals who reside in the state of Oregon and who, in accordance with state and federal law, were continuously covered under a health plan(s) as of the date the most recent plan terminated, may enroll in a Portability Plan. The most recent coverage must have been under a group plan. For Portability coverage to take effect, this application and the applicable premium must be submitted within 63 days of the termination of the most recent plan. Individuals who are enrolled in, or eligible to enroll in, health care coverage through another group plan or individual plan or Medicare are not eligible to enroll in a Portability Plan. Please provide the following information for each health plan in which you were enrolled during the 180-day period before your last coverage terminated or the 18-month period of prior health coverage:

Name of insured: \_\_\_\_\_ Type of other coverage: \_\_\_\_\_

Name of insurance company (if not Medicare): \_\_\_\_\_ Group/policy ID #: \_\_\_\_\_

Date coverage began: \_\_\_\_\_ Date coverage ended: \_\_\_\_\_

(Please attach a separate sheet if needed.)

Creditable Coverage and/or exclusion periods for organ transplants may apply. Refer to the plan documents. Proof of Creditable Coverage is required.

<i>For office use only:</i>		
Check #:	Group #:	Premium amount:
Check amount:		

*Health Net of Oregon Individual HMO Portability Plan Primary Care Provider designation*

*Health Net of Oregon participating Primary Care Provider must be named in writing for each family member.*

*Please list below:*

<b>Family member</b>		<b>Primary Care Provider</b>		<b>For Health Net use</b>
<b>Last name</b>	<b>First name, MI</b>	<b>Last name</b>	<b>First name</b>	
Subscriber:				
Spouse / Registered Domestic Partner:				
Dependent child:				
Dependent child:				
Dependent child:				
Dependent child:				

I understand that any medical services, in order to be covered by Health Net, must be provided or ordered by the above listed Health Net of Oregon participating Primary Care Provider.

**CONDITIONAL AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

**To any physician; health care provider, including Oregon Health and Sciences University (OHSU); hospital, including OHSU; insurance or reinsurance company; the Medical Information Bureau, Inc (MIB), pharmacy benefit manager or other insurance information exchange:** Each of us (Subscriber and Dependents) authorizes you to give Health Net Health Plan of Oregon, Inc. or its representatives any medical information (including alcohol, chemical dependency, mental treatment, or HIV treatment) you have about us. Such information may be used for processing this application for coverage, for prior authorizing services or processing claims for benefits, or for purposes of health care provider credentialing, quality assurance, utilization review, case management, peer review, and audit. A photocopy of this authorization is as valid as the original. I understand that I may receive a copy of this authorization upon request.

This authorization takes effect on the date signed, and it remains in effect as follows:

- For information used to process this application – 24 months.
- For information used for all other reasons listed above – as long as coverage is in effect or until the completion of processing any claim, whichever is longer.

I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient, in which case it may no longer be protected by federal privacy rules governing the privacy of health information.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Health Net or its business associates in reliance on this authorization. I may send a written and dated revocation to Health Net at:

Health Net, Inc., PO Box 1150, Rancho Cordova, CA 95741-1150

I affirm that I received a disclosure statement and outline of the coverage from Health Net of Oregon or its authorized agent. I understand that if my application for coverage is accepted, I will have ten days after receiving notice of acceptance during which I may either make a replacement election or cancel the policy for a full refund. I affirm that my employer is not paying the premium for this coverage.

**Any fraudulent or intentional omission or misrepresentation of material facts** by the Subscriber or enrolled Dependents on or with this application or application materials may be cause for disenrollment and rescission of the agreement. If the agreement is rescinded, Health Net may revoke the Subscriber’s or enrolled Dependents’ coverage as if it never existed, and the Subscriber or enrolled Dependents will lose health benefits including coverage for treatment already received. This means that Health Net may recover from the Subscriber or enrolled Dependents any amounts paid under the agreement from the original date of coverage. If the agreement is rescinded, Health Net shall have no liability for the provision of coverage under the agreement. By signing this application, the Subscriber represents that all responses are true, complete and accurate, to the best of the Subscriber’s knowledge, and that should Health Net accept the Subscriber’s application, the application will become part of the agreement between Health Net and the Subscriber. By signing this application, you further agree to comply with the terms of the agreement. Before the agreement is rescinded, Health Net will provide you written notice and an opportunity to respond. If the agreement is rescinded, Health Net will provide the Subscriber with a written notice explaining the basis of the decision and the Subscriber’s and enrolled Dependents’ appeal rights. If the agreement is rescinded, Health Net will refund all premium amounts paid by the Subscriber, less any medical expenses paid by Health Net on behalf of the Subscriber or enrolled Dependents.

I further understand that any person who, with fraudulent intent, knowingly presents an application or claim containing false, incomplete or misleading information to an insurance company may be guilty of a crime. In addition to denial of insurance coverage, penalties may include imprisonment, fines and civil damages.

<b>Applicant’s signature</b>	<b>Date</b>
<b>Spouse / Registered Domestic Partner’s signature</b>	<b>Date</b>

<b>For office use only</b>	
Check #:	Amount:

**Return completed application to:**  
**Health Net, Inc.**  
**PO Box 1150**  
**Rancho Cordova, CA 95741-1150**

Health Net Health Plan of Oregon, Inc., 13221 SW 68th Pkwy., Ste. 200, Tigard, OR 97223 • 1-888-802-7001 • www.healthnet.com

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