



Health Net Health Plan of Oregon, Inc.
13221 SW 68th Parkway
Tigard, Oregon 97223
Phone 888.802.7001
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.



Health Net Health Plan of Oregon, Inc.
13221 SW 68th Parkway
Tigard, Oregon 97223
Phone 888.802.7001
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 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.

PPO Portability Plan

Low Cost Copayment and Coinsurance Schedule PPOL/12

When you receive covered services from a Provider in our PPO Network, you are not responsible for charges that are above our contracted rates. We recommend that you contact your attending Provider to discuss the ancillary Providers that may be used for your services, as Out-of-Network Provider charges will be reimbursed at the Out-of-Network level. **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 only covered if provided by a designated Specialty Care Provider. See Article 1.5 of the Basic Benefit Schedule.**

Out-of-Network Benefits: When services are performed by a Provider who is not in our PPO Network, your expenses include a Calendar Year deductible, fixed dollar amounts for certain services and a fixed percentage of Maximum Allowable Amount (MAA) rates for other services. We pay Out-of-Network Providers based on MAA rates, not on billed amounts. MAA rates may often be less than the amount a Provider bills for a service. Out-of-Network Providers may therefore hold you responsible for amounts they charge that exceed the MAA rates we pay. Amounts that exceed our MAA rates are not covered and do not apply to your annual stop loss maximum. Your responsibility for any amounts that exceed our MAA payment is shown on this Schedule as **MAA**.

Your benefits are subject to deductibles, Copayments and Coinsurance amounts listed in this Schedule.

| Benefits | Member's Copayments and Coinsurance under this plan: | |
|--|---|---|
| | PPO Network | Out-of-Network |
| Annual deductible per Member | \$1,500 ** | \$1,500 ** |
| Annual deductible per family | \$4,500 ** | \$4,500 ** |
| Doctor's visits, including maternity | 30% contract rate | 50% MAA |
| Preventive services | No charge | No payment for Out-of-Network services |
| Well baby/Well Child | No charge | No payment for Out-of-Network services |
| Preventive care, women's and men's health care services – Pap test, breast exam, pelvic exam, PSA test and digital rectal exam | No charge | No payment for Out-of-Network services |
| Immunizations | No charge | No payment for Out-of-Network services |
| Therapeutic injections | 30% contract rate | 50% MAA |
| Hospital inpatient services, including maternity *** | 30% contract rate | 50% MAA |
| Inpatient admission from emergency room | 30% contract rate | 30% MAA |
| Outpatient services including outpatient surgery and ambulatory services, MRI, CT, and angiogram | 30% contract rate | 50% MAA |
| Skilled Nursing Facilities - 60 days/year max | 30% contract rate | 50% MAA |
| Home Health Care - 60 visits/year max | 30% contract rate | 50% MAA |
| Urgent care facilities | 30% contract rate | 50% MAA |
| Emergency room | \$100 plus 30% contract rate (\$100 Copayment waived if admitted) * | \$100 plus 30% MAA (\$100 Copayment waived if admitted) * |
| Lab, radiology/X-ray (outpatient) | 30% contract rate | 50% MAA |
| Outpatient chemotherapy (non-oral anticancer medications and administration) | 30% contract rate | 50% MAA |
| Prescription drugs (outpatient) | Refer to Prescription Drug Benefit Schedule | Refer to Prescription Drug Benefit Schedule |
| Emergency ground ambulance transport – 3 trips/year max | 30% (MAA applies to Out-of-Network Providers) | 30% (MAA applies to Out-of-Network Providers) |
| Emergency air ambulance transport - \$10,000/year max | 30% (MAA applies to Out-of-Network Providers) | 30% (MAA applies to Out-of-Network Providers) |
| Transplants – Refer to Basic Benefit Schedule | Covered | Covered |
| Durable Medical Equipment - \$5,000/year max | 30% contract rate | 50% MAA |
| Prosthetic Devices/Orthotic Devices | 30% contract rate | 50% MAA |
| Medical supplies (including therapeutic injected substances) | 30% contract rate | 50% MAA |
| Physical/occupational/speech therapy - 30 visits/year max | 30% contract rate | 50% MAA |
| Diabetes management - one initial program per lifetime | 30% contract rate | 50% MAA |
| Health education - \$150/year combined max | Any charges over maximum reimbursement of \$50/qualifying class * | Any charges over maximum reimbursement of \$50/qualifying class * |
| Experimental/Investigational | Not covered | Not covered |
| Hospice care | 30% contract rate | 50% MAA |



Low Cost Copayment and Coinsurance Schedule PPOL/12

Member's Copayments and Coinsurance under this plan:

Behavioral Health Services – Chemical Dependency and Mental or Nervous Conditions (For services call 800-977-8216)

| | | |
|--------------------|-------------------|---------|
| Physician services | 30% contract rate | 50% MAA |
| Outpatient center | 30% contract rate | 50% MAA |
| Inpatient services | 30% contract rate | 50% MAA |

Maximums

| | | |
|--|---|----------|
| Stop loss per Member per Calendar Year | \$20,000 | \$20,000 |
| Annual Limit | \$2,000,000 PPO Network and Out-of-Network combined | |

Notes:

- * Copayment not part of deductible or stop loss
- ** Your payments do not apply to the annual stop loss maximum
- *** The above Coinsurance 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 Coinsurance for Hospital inpatient services will apply.

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.

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Health Net Health Plan of Oregon, Inc.

PPO Portability Plan

Prevailing Copayment and Coinsurance Schedule PPOP/12

When you receive covered services from a Provider in our PPO Network, you are not responsible for charges that are above our contracted rates. We recommend that you contact your attending Provider to discuss the ancillary Providers that may be used for your services, as Out-of-Network Provider charges will be reimbursed at the Out-of-Network level. **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 only covered if provided by a designated Specialty Care Provider. See Article 1.5 of the Basic Benefit Schedule.**

Out-of-Network Benefits: When services are performed by a Provider who is not in our PPO Network, your expenses include a Calendar Year deductible, fixed dollar amounts for certain services and a fixed percentage of Maximum Allowable Amount (MAA) rates for other services. We pay Out-of-Network Providers based on MAA rates, not on billed amounts. MAA rates may often be less than the amount a Provider bills for a service. Out-of-Network Providers may therefore hold you responsible for amounts they charge that exceed the MAA rates we pay. Amounts that exceed our MAA rates are not covered and do not apply to your annual stop loss maximum. Your responsibility for any amounts that exceed our MAA payment is shown on this Schedule as **MAA**.

Your benefits are subject to deductibles, Copayments and Coinsurance amounts listed in this Schedule.

| Benefits | Member's Copayments and Coinsurance under this plan: | |
|--|---|---|
| | PPO Network | Out-of-Network |
| Annual deductible per Member | \$750 ** | \$750 ** |
| Annual deductible per family | \$2,250 ** | \$2,250 ** |
| Doctor's visits, including maternity | 20% contract rate | 40% MAA |
| Preventive services | No charge | No payment for Out-of-Network services |
| Well baby/Well Child | No charge | No payment for Out-of-Network services |
| Preventive women's and men's health care services – Pap test, breast exam, pelvic exam, PSA test and digital rectal exam | No charge | No payment for Out-of-Network services |
| Immunizations | No charge | No payment for Out-of-Network services |
| Therapeutic injections | 20% contract rate | 40% MAA |
| Hospital inpatient services, including maternity *** | 20% contract rate | 40% MAA |
| Inpatient admission from emergency room | 20% contract rate | 20% MAA |
| Outpatient services including outpatient surgery and ambulatory services, MRI, CT, and angiogram | 20% contract rate | 40% MAA |
| Skilled Nursing Facilities - 60 days/year max | 20% contract rate | 40% MAA |
| Home Health Care - 60 visits/year max | 20% contract rate | 40% MAA |
| Urgent care facilities | 20% contract rate | 40% MAA |
| Emergency room | \$100 plus 20% contract rate (\$100 Copayment waived if admitted) * | \$100 plus 20% MAA (\$100 Copayment waived if admitted) * |
| Lab, radiology/X-ray (outpatient) | 20% contract rate | 40% MAA |
| Outpatient chemotherapy (non-oral anticancer medications and administration) | 20% contract rate | 40% MAA |
| Prescription drugs (outpatient) | Refer to Prescription Drug Benefit Schedule | Refer to Prescription Drug Benefit Schedule |
| Emergency ground ambulance transport – 3 trips/year max | 20% (MAA applies to Out-of-Network Providers) | 20% (MAA applies to Out-of-Network Providers) |
| Emergency air ambulance transport - \$10,000/year max | 20% (MAA applies to Out-of-Network Providers) | 20% (MAA applies to Out-of-Network Providers) |
| Transplants – Refer to Basic Benefit Schedule | Covered | Covered |
| Durable Medical Equipment \$5,000/year max | 20% contract rate | 40% MAA |
| Prosthetic Devices/Orthotic Devices | 20% contract rate | 40% MAA |
| Medical supplies (including therapeutic injected substances) | 20% contract rate | 40% MAA |
| Physical/occupational/speech therapy - 30 visits/year max | 20% contract rate | 40% MAA |
| Diabetes management - one initial program per lifetime | 20% contract rate | 40% MAA |
| Health education - \$150/year combined max | Any charges over maximum reimbursement of \$50/qualifying class * | Any charges over maximum reimbursement of \$50/qualifying class * |
| Experimental/Investigational | Not covered | Not covered |
| Hospice care | 20% contract rate | 40% MAA |



Prevailing Copayment and Coinsurance Schedule PPOP/12

Member's Copayments and Coinsurance under this plan:

| Behavioral Health Services – Chemical Dependency and Mental or Nervous Conditions (For services call 800-977-8216.) | | |
|--|---|----------|
| Physician services | 20% contract rate | 40% MAA |
| Outpatient center | 20% contract rate | 40% MAA |
| Inpatient services | 20% contract rate | 40% MAA |
| Maximums | | |
| Stop loss per Member per Calendar Year | \$15,000 | \$15,000 |
| Annual Limit | \$2,000,000 PPO Network and Out-of-Network combined | |

Notes:

- * Copayment not part of deductible or stop loss
- ** Your payments do not apply to the annual stop loss maximum
- *** The above Coinsurance 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 Coinsurance for Hospital inpatient services will apply.

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.

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OREGON PPO PORTABILITY PLAN

Monthly Premium Rates effective August 1, 2012, through July 31, 2013¹

Oregon PPO 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 PPO 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.

¹Rates 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

PPO 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 | \$322.92 | \$694.27 | \$494.06 | \$726.56 |
| 25-29 | \$322.92 | \$694.27 | \$494.06 | \$726.56 |
| 30-34 | \$322.92 | \$694.27 | \$503.95 | \$760.06 |
| 35-39 | \$322.92 | \$694.27 | \$572.46 | \$850.81 |
| 40-44 | \$322.92 | \$784.62 | \$624.04 | \$915.18 |
| 45-49 | \$374.18 | \$921.26 | \$631.34 | \$998.15 |
| 50-54 | \$473.55 | \$1,111.80 | \$697.31 | \$1,122.92 |
| 55-59 | \$597.70 | \$1,344.00 | \$781.01 | \$1,357.44 |
| 60-64 | \$645.83 | \$1,388.54 | \$900.85 | \$1,414.96 |
| 65+ | \$645.83 | \$1,388.54 | \$984.27 | \$1,450.53 |

Area 4: Deschutes, Klamath, Lake

Rates effective 8/1/2012

| Age band | Subscriber only | Subscriber & spouse | Subscriber & child(ren) | Subscriber & family |
|----------|-----------------|---------------------|-------------------------|---------------------|
| <25 | \$378.93 | \$814.70 | \$579.77 | \$852.60 |
| 25-29 | \$378.93 | \$814.70 | \$579.77 | \$852.60 |
| 30-34 | \$378.93 | \$814.70 | \$591.37 | \$891.91 |
| 35-39 | \$378.93 | \$814.70 | \$671.77 | \$998.40 |
| 40-44 | \$378.93 | \$920.73 | \$732.30 | \$1,073.94 |
| 45-49 | \$439.09 | \$1,081.07 | \$740.86 | \$1,171.30 |
| 50-54 | \$555.70 | \$1,304.67 | \$818.27 | \$1,317.71 |
| 55-59 | \$701.38 | \$1,577.14 | \$916.49 | \$1,592.92 |
| 60-64 | \$757.86 | \$1,629.41 | \$1,057.12 | \$1,660.41 |
| 65+ | \$757.86 | \$1,629.41 | \$1,155.01 | \$1,702.15 |

Area 2: Benton, Lane, Linn

Rates effective 8/1/2012

| Age band | Subscriber only | Subscriber & spouse | Subscriber & child(ren) | Subscriber & family |
|----------|-----------------|---------------------|-------------------------|---------------------|
| <25 | \$362.46 | \$779.28 | \$554.56 | \$815.53 |
| 25-29 | \$362.46 | \$779.28 | \$554.56 | \$815.53 |
| 30-34 | \$362.46 | \$779.28 | \$565.66 | \$853.13 |
| 35-39 | \$362.46 | \$779.28 | \$642.56 | \$955.00 |
| 40-44 | \$362.46 | \$880.70 | \$700.46 | \$1,027.25 |
| 45-49 | \$420.00 | \$1,034.07 | \$708.65 | \$1,120.37 |
| 50-54 | \$531.54 | \$1,247.94 | \$782.69 | \$1,260.42 |
| 55-59 | \$670.88 | \$1,508.57 | \$876.65 | \$1,523.66 |
| 60-64 | \$724.91 | \$1,558.56 | \$1,011.16 | \$1,588.22 |
| 65+ | \$724.91 | \$1,558.56 | \$1,104.79 | \$1,628.14 |

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 | \$362.46 | \$779.28 | \$554.56 | \$815.53 |
| 25-29 | \$362.46 | \$779.28 | \$554.56 | \$815.53 |
| 30-34 | \$362.46 | \$779.28 | \$565.66 | \$853.13 |
| 35-39 | \$362.46 | \$779.28 | \$642.56 | \$955.00 |
| 40-44 | \$362.46 | \$880.70 | \$700.46 | \$1,027.25 |
| 45-49 | \$420.00 | \$1,034.07 | \$708.65 | \$1,120.37 |
| 50-54 | \$531.54 | \$1,247.94 | \$782.69 | \$1,260.42 |
| 55-59 | \$670.88 | \$1,508.57 | \$876.65 | \$1,523.66 |
| 60-64 | \$724.91 | \$1,558.56 | \$1,011.16 | \$1,588.22 |
| 65+ | \$724.91 | \$1,558.56 | \$1,104.79 | \$1,628.14 |

Area 3: Marion, Polk

Rates effective 8/1/2012

| Age band | Subscriber only | Subscriber & spouse | Subscriber & child(ren) | Subscriber & family |
|----------|-----------------|---------------------|-------------------------|---------------------|
| <25 | \$329.51 | \$708.44 | \$504.14 | \$741.39 |
| 25-29 | \$329.51 | \$708.44 | \$504.14 | \$741.39 |
| 30-34 | \$329.51 | \$708.44 | \$514.23 | \$775.57 |
| 35-39 | \$329.51 | \$708.44 | \$584.14 | \$868.18 |
| 40-44 | \$329.51 | \$800.63 | \$636.78 | \$933.86 |
| 45-49 | \$381.81 | \$940.06 | \$644.23 | \$1,018.52 |
| 50-54 | \$483.22 | \$1,134.49 | \$711.54 | \$1,145.84 |
| 55-59 | \$609.90 | \$1,371.43 | \$796.95 | \$1,385.14 |
| 60-64 | \$659.01 | \$1,416.87 | \$919.24 | \$1,443.83 |
| 65+ | \$659.01 | \$1,416.87 | \$1,004.36 | \$1,480.13 |

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 | \$378.93 | \$814.70 | \$579.77 | \$852.60 |
| 25-29 | \$378.93 | \$814.70 | \$579.77 | \$852.60 |
| 30-34 | \$378.93 | \$814.70 | \$591.37 | \$891.91 |
| 35-39 | \$378.93 | \$814.70 | \$671.77 | \$998.40 |
| 40-44 | \$378.93 | \$920.73 | \$732.30 | \$1,073.94 |
| 45-49 | \$439.09 | \$1,081.07 | \$740.86 | \$1,171.30 |
| 50-54 | \$555.70 | \$1,304.67 | \$818.27 | \$1,317.71 |
| 55-59 | \$701.38 | \$1,577.14 | \$916.49 | \$1,592.92 |
| 60-64 | \$757.86 | \$1,629.41 | \$1,057.12 | \$1,660.41 |
| 65+ | \$757.86 | \$1,629.41 | \$1,155.01 | \$1,702.15 |



Health Net Health Plan of Oregon, Inc.

Portability Rate Filing (age-banded rates)

Effective August 1, 2012 through July 31, 2013

PPO 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 | \$378.93 | \$814.70 | \$579.77 | \$852.60 |
| 25-29 | \$378.93 | \$814.70 | \$579.77 | \$852.60 |
| 30-34 | \$378.93 | \$814.70 | \$591.37 | \$891.91 |
| 35-39 | \$378.93 | \$814.70 | \$671.77 | \$998.40 |
| 40-44 | \$378.93 | \$920.73 | \$732.30 | \$1,073.94 |
| 45-49 | \$439.09 | \$1,081.07 | \$740.86 | \$1,171.30 |
| 50-54 | \$555.70 | \$1,304.67 | \$818.27 | \$1,317.71 |
| 55-59 | \$701.38 | \$1,577.14 | \$916.49 | \$1,592.92 |
| 60-64 | \$757.86 | \$1,629.41 | \$1,057.12 | \$1,660.41 |
| 65+ | \$757.86 | \$1,629.41 | \$1,155.01 | \$1,702.15 |



Health Net Health Plan of Oregon, Inc.

Portability Rate Filing (age-banded rates)

Effective August 1, 2012 through July 31, 2013

PPO 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 | \$396.94 | \$853.42 | \$607.32 | \$893.11 |
| 25-29 | \$396.94 | \$853.42 | \$607.32 | \$893.11 |
| 30-34 | \$396.94 | \$853.42 | \$619.47 | \$934.29 |
| 35-39 | \$396.94 | \$853.42 | \$703.69 | \$1,045.85 |
| 40-44 | \$396.94 | \$964.48 | \$767.10 | \$1,124.97 |
| 45-49 | \$459.95 | \$1,132.45 | \$776.07 | \$1,226.96 |
| 50-54 | \$582.11 | \$1,366.66 | \$857.15 | \$1,380.33 |
| 55-59 | \$734.71 | \$1,652.09 | \$960.04 | \$1,668.61 |
| 60-64 | \$793.88 | \$1,706.83 | \$1,107.36 | \$1,739.31 |
| 65+ | \$793.88 | \$1,706.83 | \$1,209.89 | \$1,783.03 |

Area 4: Deschutes, Klamath, Lake

Rates effective 8/1/2012

| Age band | Subscriber only | Subscriber & spouse | Subscriber & child(ren) | Subscriber & family |
|----------|-----------------|---------------------|-------------------------|---------------------|
| <25 | \$465.79 | \$1,001.46 | \$712.67 | \$1,048.04 |
| 25-29 | \$465.79 | \$1,001.46 | \$712.67 | \$1,048.04 |
| 30-34 | \$465.79 | \$1,001.46 | \$726.93 | \$1,096.36 |
| 35-39 | \$465.79 | \$1,001.46 | \$825.76 | \$1,227.27 |
| 40-44 | \$465.79 | \$1,131.79 | \$900.16 | \$1,320.12 |
| 45-49 | \$539.74 | \$1,328.89 | \$910.69 | \$1,439.80 |
| 50-54 | \$683.08 | \$1,603.74 | \$1,005.84 | \$1,619.78 |
| 55-59 | \$862.16 | \$1,938.68 | \$1,126.58 | \$1,958.06 |
| 60-64 | \$931.59 | \$2,002.92 | \$1,299.45 | \$2,041.03 |
| 65+ | \$931.59 | \$2,002.92 | \$1,419.77 | \$2,092.34 |

Area 2: Benton, Lane, Linn

Rates effective 8/1/2012

| Age band | Subscriber only | Subscriber & spouse | Subscriber & child(ren) | Subscriber & family |
|----------|-----------------|---------------------|-------------------------|---------------------|
| <25 | \$445.54 | \$957.92 | \$681.68 | \$1,002.47 |
| 25-29 | \$445.54 | \$957.92 | \$681.68 | \$1,002.47 |
| 30-34 | \$445.54 | \$957.92 | \$695.32 | \$1,048.69 |
| 35-39 | \$445.54 | \$957.92 | \$789.85 | \$1,173.91 |
| 40-44 | \$445.54 | \$1,082.58 | \$861.03 | \$1,262.72 |
| 45-49 | \$516.27 | \$1,271.11 | \$871.10 | \$1,377.20 |
| 50-54 | \$653.38 | \$1,534.01 | \$962.11 | \$1,549.35 |
| 55-59 | \$824.67 | \$1,854.39 | \$1,077.60 | \$1,872.93 |
| 60-64 | \$891.09 | \$1,915.83 | \$1,242.95 | \$1,952.29 |
| 65+ | \$891.09 | \$1,915.83 | \$1,358.04 | \$2,001.37 |

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 | \$445.54 | \$957.92 | \$681.68 | \$1,002.47 |
| 25-29 | \$445.54 | \$957.92 | \$681.68 | \$1,002.47 |
| 30-34 | \$445.54 | \$957.92 | \$695.32 | \$1,048.69 |
| 35-39 | \$445.54 | \$957.92 | \$789.85 | \$1,173.91 |
| 40-44 | \$445.54 | \$1,082.58 | \$861.03 | \$1,262.72 |
| 45-49 | \$516.27 | \$1,271.11 | \$871.10 | \$1,377.20 |
| 50-54 | \$653.38 | \$1,534.01 | \$962.11 | \$1,549.35 |
| 55-59 | \$824.67 | \$1,854.39 | \$1,077.60 | \$1,872.93 |
| 60-64 | \$891.09 | \$1,915.83 | \$1,242.95 | \$1,952.29 |
| 65+ | \$891.09 | \$1,915.83 | \$1,358.04 | \$2,001.37 |

Area 3: Marion, Polk

Rates effective 8/1/2012

| Age band | Subscriber only | Subscriber & spouse | Subscriber & child(ren) | Subscriber & family |
|----------|-----------------|---------------------|-------------------------|---------------------|
| <25 | \$405.04 | \$870.83 | \$619.71 | \$911.34 |
| 25-29 | \$405.04 | \$870.83 | \$619.71 | \$911.34 |
| 30-34 | \$405.04 | \$870.83 | \$632.11 | \$953.36 |
| 35-39 | \$405.04 | \$870.83 | \$718.05 | \$1,067.19 |
| 40-44 | \$405.04 | \$984.16 | \$782.75 | \$1,147.93 |
| 45-49 | \$469.34 | \$1,155.56 | \$791.91 | \$1,252.00 |
| 50-54 | \$593.99 | \$1,394.56 | \$874.65 | \$1,408.50 |
| 55-59 | \$749.70 | \$1,685.80 | \$979.64 | \$1,702.66 |
| 60-64 | \$810.08 | \$1,741.67 | \$1,129.96 | \$1,774.81 |
| 65+ | \$810.08 | \$1,741.67 | \$1,234.59 | \$1,819.42 |

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 | \$465.79 | \$1,001.46 | \$712.67 | \$1,048.04 |
| 25-29 | \$465.79 | \$1,001.46 | \$712.67 | \$1,048.04 |
| 30-34 | \$465.79 | \$1,001.46 | \$726.93 | \$1,096.36 |
| 35-39 | \$465.79 | \$1,001.46 | \$825.76 | \$1,227.27 |
| 40-44 | \$465.79 | \$1,131.79 | \$900.16 | \$1,320.12 |
| 45-49 | \$539.74 | \$1,328.89 | \$910.69 | \$1,439.80 |
| 50-54 | \$683.08 | \$1,603.74 | \$1,005.84 | \$1,619.78 |
| 55-59 | \$862.16 | \$1,938.68 | \$1,126.58 | \$1,958.06 |
| 60-64 | \$931.59 | \$2,002.92 | \$1,299.45 | \$2,041.03 |
| 65+ | \$931.59 | \$2,002.92 | \$1,419.77 | \$2,092.34 |



Health Net Health Plan of Oregon, Inc.

Portability Rate Filing (age-banded rates)

Effective August 1, 2012 through July 31, 2013

PPO Portability Prevailing

Area 7: Jackson, Josephine, Douglas

Rates effective 8/1/2012

| Age band | Subscriber only | Subscriber & spouse | Subscriber & child(ren) | Subscriber & family |
|-----------------|------------------------|--------------------------------|------------------------------------|--------------------------------|
| <25 | \$465.79 | \$1,001.46 | \$712.67 | \$1,048.04 |
| 25-29 | \$465.79 | \$1,001.46 | \$712.67 | \$1,048.04 |
| 30-34 | \$465.79 | \$1,001.46 | \$726.93 | \$1,096.36 |
| 35-39 | \$465.79 | \$1,001.46 | \$825.76 | \$1,227.27 |
| 40-44 | \$465.79 | \$1,131.79 | \$900.16 | \$1,320.12 |
| 45-49 | \$539.74 | \$1,328.89 | \$910.69 | \$1,439.80 |
| 50-54 | \$683.08 | \$1,603.74 | \$1,005.84 | \$1,619.78 |
| 55-59 | \$862.16 | \$1,938.68 | \$1,126.58 | \$1,958.06 |
| 60-64 | \$931.59 | \$2,002.92 | \$1,299.45 | \$2,041.03 |
| 65+ | \$931.59 | \$2,002.92 | \$1,419.77 | \$2,092.34 |



Individual PPO 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 PPO 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: |

Dependents to be covered Please attach a separate sheet if necessary.

| 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:

Eligibility / other coverage

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: | | |

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.

| | |
|---|-------------|
| Applicant’s signature | Date |
| | |
| Spouse / Registered Domestic Partner’s signature | Date |
| | |

| | |
|----------------------------|---------|
| For office use only | |
| 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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