



Health Net®

Health Net Health Plan of Oregon, Inc.

Washington PPO Plans

8/2007 Summary of Significant Group Contract Changes

BENEFIT OR PROVISION	CONTRACT REFERENCE	CHANGES MADE
Out-of-Network Providers	Copayment and Coinsurance Schedule, Article 1.3 Basic Benefit Schedule	Clarified language that ancillary Providers may not be Participating Providers and could be subject to Out-of-Network benefit levels. Attending physicians should be contacted to discuss the ancillary providers that will be used for services. This change is a language clarification, not a change to the benefit or benefit administration.
Specialty Care Providers	Copayment and Coinsurance Schedule	The list of services from Article 1.5 which currently require the use of a Specialty Care Provider has been restated. This change is a language clarification, not a change to the benefit or benefit administration.
Prostate Screening – Legislative Update	Copayment and Coinsurance Schedule, Article 2.1 Basic Benefit Schedule	A new benefit has been added for prostate cancer screening delivered upon the recommendation of the Member’s physician, advanced registered nurse practitioner, or physician assistant. Benefits for prostate cancer screening are subject to the same coinsurance amounts applicable to other services.
CT/MRI/ EEG/ Holter Monitor/Stress test	Copayment and Coinsurance Schedule	Added PET and SPECT scans to the CT/MRI/EEG/Holter Monitor/Stress diagnostic imaging benefit line. This change is a language clarification, not a change to the benefit or benefit administration.
Chemical Dependency Treatment	Copayment and Coinsurance Schedule	The combined maximum benefit for Chemical Dependency treatment has been increased from \$13,000 to \$13,500 per 24-month period.
Health Education Benefit (High Deductible Health Plans only)	Copayment and Coinsurance Schedule	The Copayment and Coinsurance Schedule has been updated to clarify that the health education benefit is not available under the high deductible health plans. This benefit works as a direct member reimbursement, and since the rules for qualified high deductible health plans require that no benefits can be paid before the deductible is satisfied, we cannot make this reimbursement available under the high deductible health plans.
Chemotherapy	Article 2.4, 4.2 Basic Benefit Schedule	Added a clarifying definition of what is included as part of chemotherapy. This change is a language clarification, not a change to the benefit or benefit administration.
Reconstructive Breast Surgery	Article 7.21 Basic Benefit Schedule	Amended the Reconstructive Breast Surgery provision to more closely align with federal statutory language: Reconstructive Surgery. a. <i>Reconstructive Breast Surgery. Reconstructive breast surgery following a covered mastectomy which resulted from disease, illness or injury is covered. If you receive benefits for a mastectomy and elect breast reconstruction with the mastectomy, benefits include coverage for: reconstruction of the breast on which the mastectomy has been performed, including but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; treatment of physical complications from all stages of mastectomy, including lymphedemas; and inpatient care related to the mastectomy and post-mastectomy services.</i> b. <i>Other Reconstructive Surgery. We will cover Reconstructive Surgery that: (1) we determine to be Medically Necessary to repair a significant functional disorder as a result of illness or injury; or (2) is performed to repair congenital defects of a child.</i> <i>Exclusions and Limitations: All other reconstructive breast surgery; reduction or augmentation mammoplasty except as provided in this Article.</i> This change is a language clarification, not a change to the benefit or benefit administration.

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Sterilization and sterilization reversal	Old: None New: Article 7.25 Basic Benefit Schedule	Added clarifying language: <i>Sterilization. Male and female sterilization procedures are covered. Benefits are subject to payment of any applicable Copayments/or Coinsurance. Reversal of voluntary infertility (sterilization) is not covered.</i> This change is a language clarification, not a change to the benefit or benefit administration.
Prior Authorization	Article 8.1 Basic Benefit Schedule	This Article has been revised to read as follows: <i>The services requiring Prior Authorization are specified in this Basic Benefit Schedule. Except in the case of Emergency Medical Care, coverage for those services will be provided only if Prior Authorization has been obtained from us. Refer to Article 5 of the Group Medical and Hospital Service Agreement for further detail of the Prior Authorization process.</i> This change is a language clarification, not a change to the benefit or benefit administration.
Medical equipment and supplies	Article 9.11 Basic Benefit Schedule	Devices or equipment not exclusively medical in nature are not covered. Devices or equipment that can be used in the absence of a medical need are not covered. This change is a language clarification, not a change to the benefit or benefit administration.
Definitions Agreement	Article 2.2 Group Medical and Hospital Service Agreement	The definition of Agreement has been revised to read as follows: <i>"Agreement" means this Medical and Hospital Service Agreement, all attached Benefit Schedules and Copayment and Coinsurance Schedules, any exhibits, supplements, addenda, attachments, amendments, endorsements, or riders. Additionally, policyholders will receive a Signature Sheet, Participating Employer will receive a certificate cover, and both the policyholder and Participating Employer will receive a copy of their group application, and any information submitted as part of an application for this Agreement or for membership under this Agreement.</i> This change is a language clarification, not a change to the benefit or benefit administration.
Definitions Eligible Employee	Article 2.17 Group Medical and Hospital Service Agreement	The definition of Agreement has been revised to read as follows: <i>"Eligible Employee" means an individual who works a minimum number of hours per week, as specified on the Signature Sheet or Certificate Cover, at the business of the Employer and otherwise has a bona fide employee/employer relationship with a Participating Employer. The term excludes individuals who work on a temporary or substitute basis or as an independent contractor.</i>
Definitions Subscriber	Article 2.53 Group Medical and Hospital Service Agreement	The definition of Subscriber has been revised to read as follows: <i>"Subscriber" means an Eligible Employee who meets all applicable requirements of this Agreement, who has Enrolled hereunder by submitting an enrollment application which has been approved by us, and for whom the monthly premium has been received by us in accordance with the terms hereof</i>