

All _____ and _____ costs shown in this chart are after your _____ has been met, if a _____ applies.

* For more information about limitations and exceptions, see the _____ or policy document at _____.

	Facility fee (e.g., ambulatory surgery center)	Hospital-No charge ASC-No charge	Not covered	Requires prior authorization .
	Physician/surgeon fees	No charge (y) J02.18	Not covered	None putpa o efEMC /Artifact /M/CID

* For more information about limitations and exceptions, see the ____ or policy document at _____.

	Home health care	No charge	Not covered	Requires prior authorization .

* For more information about limitations and exceptions, see the ____ or policy document at _____.

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Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	\$0
Specialist copayment	\$15
Hospital (facility) copayment	\$0
Other copayment	\$0

Specialist office visits

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, gender affirming care, sexual orientation, age, disability, or sex.

HEALTH NET:

Characteristics listed above can be a source of discrimination. Health Net's Customer Contact Center at 1-800-444-4444 and toll-free number 1-800-444-4444 are available to you. Health Net also has a dedicated email address:

Health Net of California, Health Net Licensee, Health Net of California, Inc.
1000 N. Main St.

or

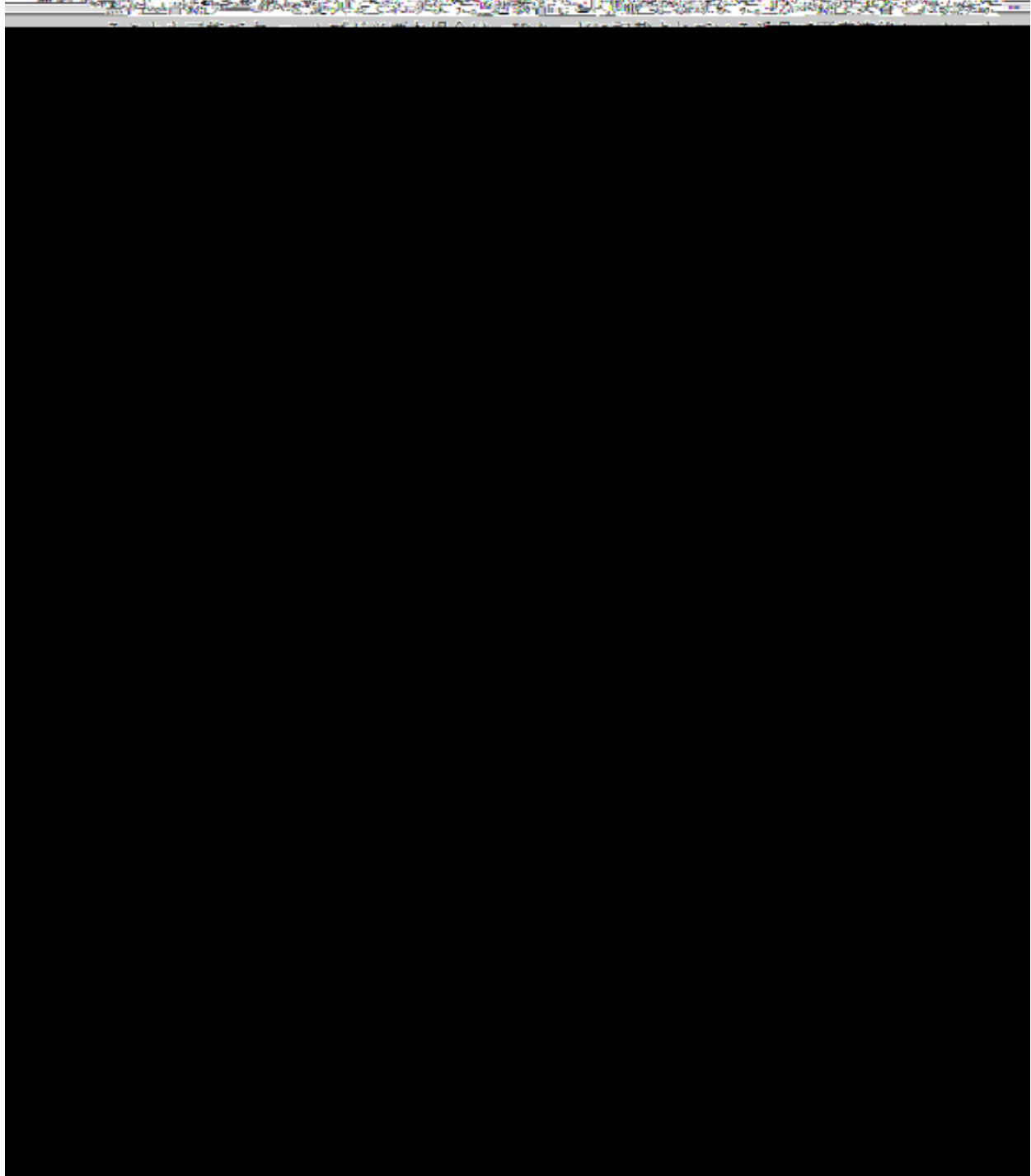
Email: discrimination@healthnet.com or
Non-discrimination@healthnet.com

If you are not satisfied with a decision or it has been more than 60 days since you filed a complaint with Health Net of California, you may file an independent administrative complaint with the Department of Health Care Services. You may file a complaint form online at www.dhs.ca.gov.

If you have been discriminated against on the basis of race, national origin, ancestry, or sex, you may also file a civil rights complaint with the Department of Health and Human Services or the Department of Health and Human Services, Independence Avenue, Room 400, HH Building, San Francisco, CA 94133.

Complaint forms are available at www.dhs.ca.gov.

Japanese



Vietnam

0 02 041 026

Ngày: _____ Số đơn: _____
Địa điểm: _____
Điện Thoại: _____

