

What this Plan Covers & What You Pay for Covered Services

All Covered Members |

HMO

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) T02.18	Not covered	None ptpa o efEMC /Artifact AMCID

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

	<u>Home health care</u>	No charge	Not covered	Requires <u>prior authorization</u> .

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

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

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 health care discrimination. Customer contact center at toll-free 1-800-237-1234 and telemedicine provider at 1-800-237-1234. Customer contact center is accessible to hearing impaired individuals and via email at:

HealthNet of California HealthNet Insurance Company of California

Health Net Inc.

XXXX

Email nondiscrimination complaints to: complaints@healthnet.com

Non-discrimination complaints to: complaints@hni.com

HealthNet is committed to providing a complaint resolution process that is fair and timely. If you believe you have been discriminated against, please file a complaint with HealthNet of California and are not satisfied with the decision or it has been more than 60 days since you filed a complaint with HealthNet of California, you may file an independent discrimination claim with the Department of Health Care Services. You may file a complaint with the California Office of Health Care Access and Transformation online at:

Independent Claim

XXXX

If you believe you have been discriminated against because of race, color, national origin, gender, sex, gender identity, gender expression, or disability, you may file a discrimination complaint with the Department of Health Care Services or the California Department of Health Care Services. You may file a discrimination complaint with the California Office of Health Care Access and Transformation online at: Department of Health Care Services Independence Administration or HH Administration.

XXXX

Complaint forms are available at www.oahc.state.ca.us

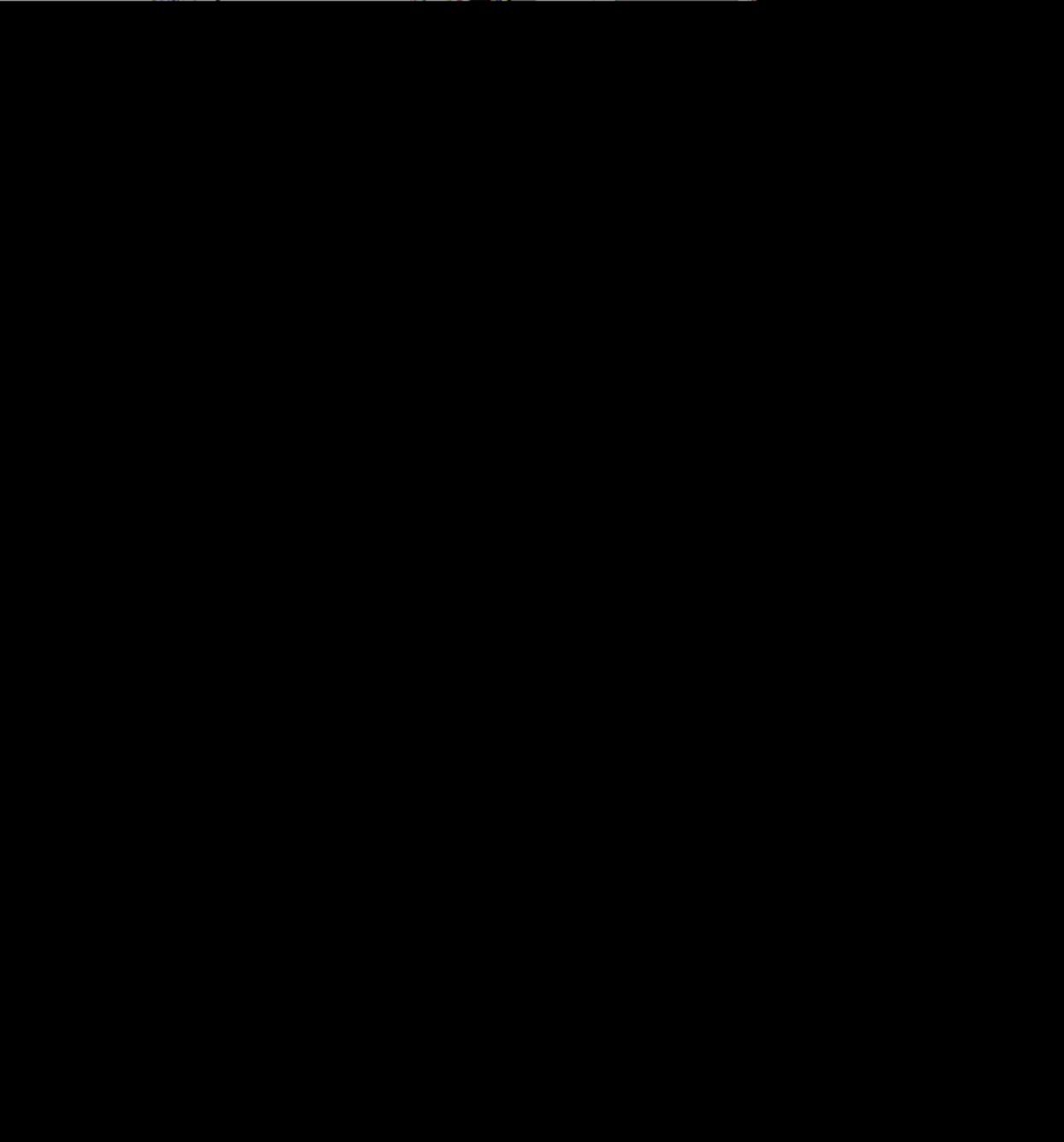
XXXX

XXXX

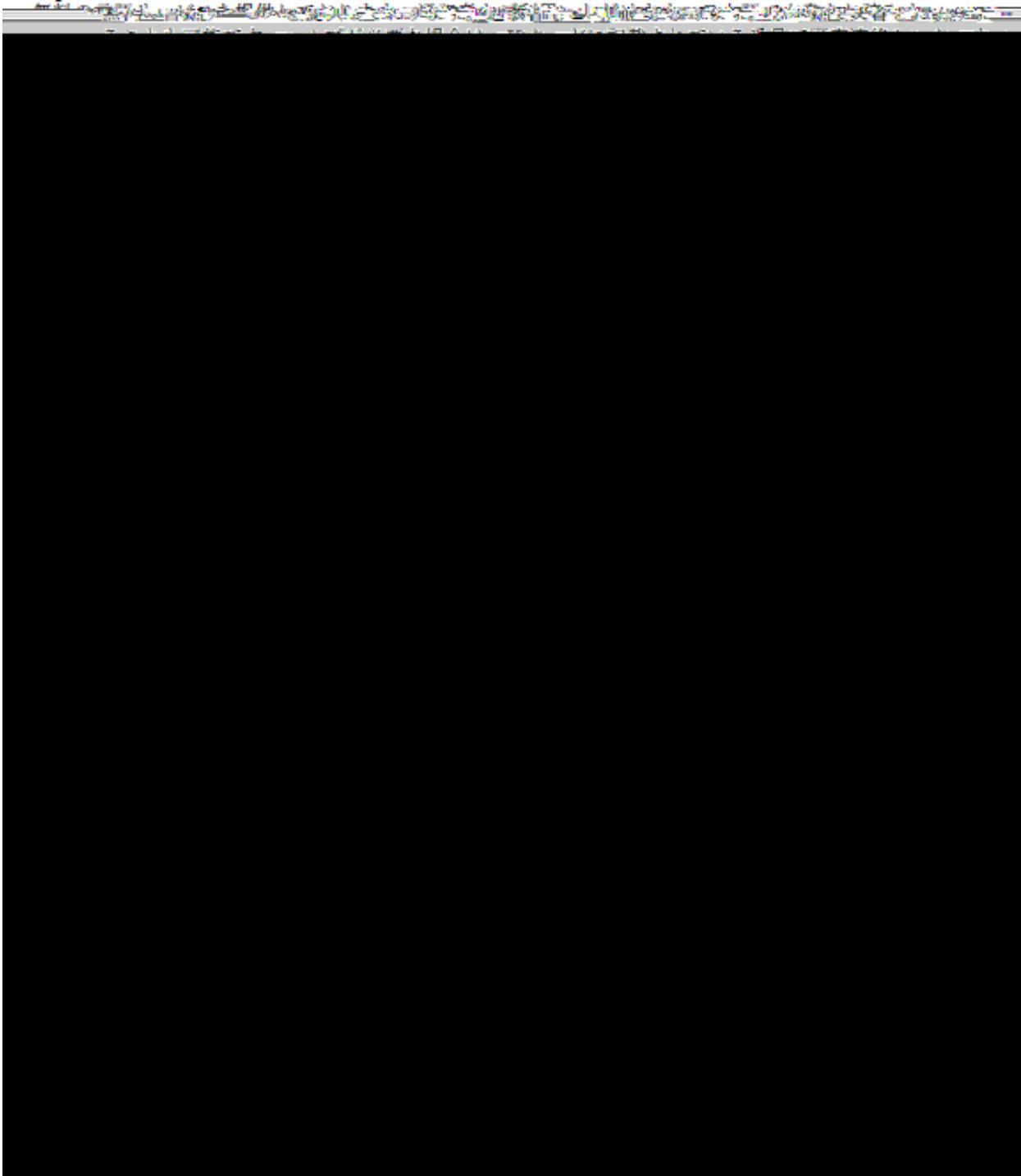
English

No CapA
[REDACTED] California Health Coverage Exchange, Inc., doing business as Covered California,
is your state's health insurance exchange. Covered California offers individual and family
plans from approved insurance companies. You can apply online or by phone.
Individual & Family Plan (IFP) Off Exchange: 1-800-639-2172 (TTY: 711). For California plans
you can also call 1-800-322-3088 (TTY: 711).
For Other Plans through Blue Cross, call 1-800-322-3088 (TTY: 711).

Arabic



Japanese



Ранисби (Ranisbi).

Сообщение о доходах и имуществе гражданской администрации и членов их семей, поданные в органы местного самоуправления, являются публичной информацией. Каждый гражданин имеет право знать фактический размер своих доходов (пп.п. ч.1ст.15 Конституции Российской Федерации), а также размер доходов членов его семьи, а также размер доходов членов семьи гражданской администрации и членов их семей, поданных в органы местного самоуправления. Телефон для получения информации: +7(495) 493-92-50

Russian

Вы можете обратиться в органы местного самоуправления с запросом о предоставлении информации о доходах и имуществе гражданской администрации и членов их семей, поданных в органы местного самоуправления. Для этого вам нужно напечатать заявление, выложить его на страницу Учебного центра администрации и нажать на кнопку "Узнать". Учебный центр администрации предоставляет информацию о доходах гражданской администрации и членов их семей, поданных на федеральном рынке планов для частных лиц и семей. Телефон для получения информации: +7(495) 493-92-50. ОФПИ Off.English в отдел помощи участникам не является юридическим лицом.

