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See the Common Medical Events charge below for your costs for services this plan covers.

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healthcare this plan doesnit cover.

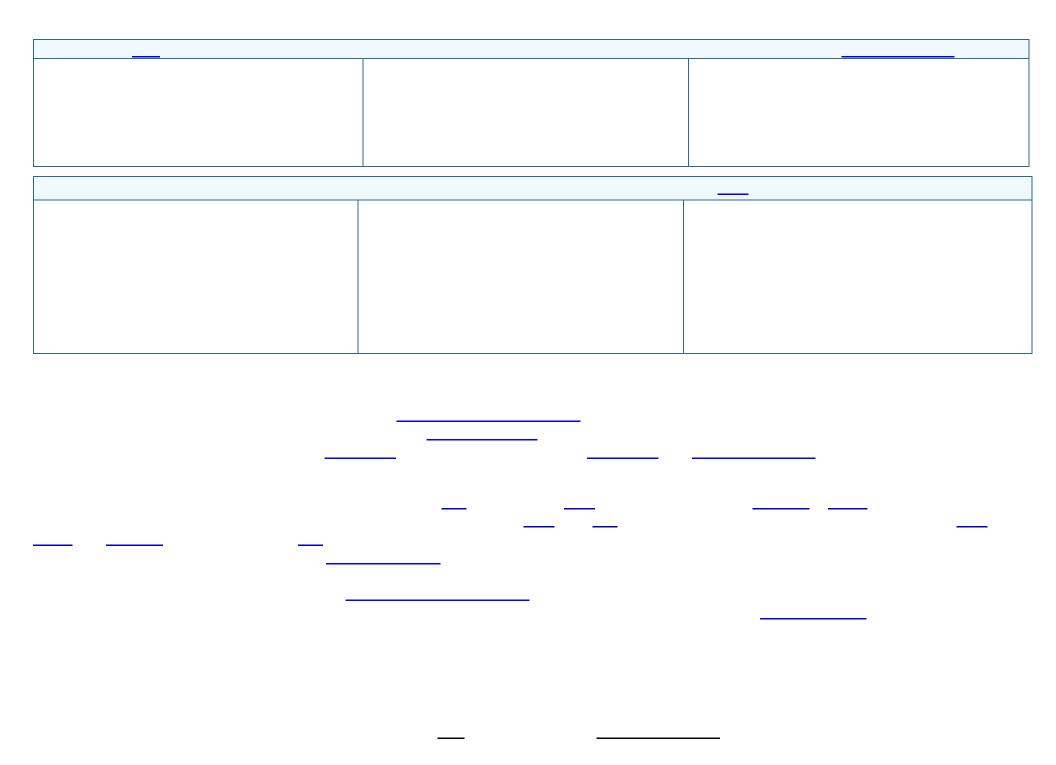
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 Healthcare this plan doesnit cover.	
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Office visits	Prenatal-No charge Postnatal-No charge	No charge	Cost sharing does not apply for preventive services.
Childbirth/delivery professional services	No charge	No charge	None
Childbirth/delivery facility services	No charge	No charge	None
Home health care	No charge	No charge	Some services require <u>prior authorization</u> .  If <u>prior authorization</u> is not obtained, benefits will be reduced by 25% <u>coinsurance</u> .
Rehabilitation services	\$5 <u>copay</u> /visit	\$5 <u>copay</u> /visit	Limited to 20 combined visits for all therapies per calendar year. Some
Habilitation services	\$5 <u>copay</u> /visit	\$5 <u>copay</u> /visit	services require <u>prior authorization</u> . If <u>prior authorization</u> is not obtained, benefits will be reduced by 25% <u>coinsurance</u> .
Skilled nursing center	No charge	No charge	Prior authorization is required. If prior authorization
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Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

If your plan doesnit meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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Tagalog (Tag	galog): Kung kailangan ninyo ang tulong sa Tagak	og tumawag sa 1-800-522-0088.
Chinese (	):	1-800-522-0088.
800-522-008	8.	

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

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### **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 di erently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, gender a rming care, sexual orientation, age, disability, or sex.

### **HEALTH NET:**

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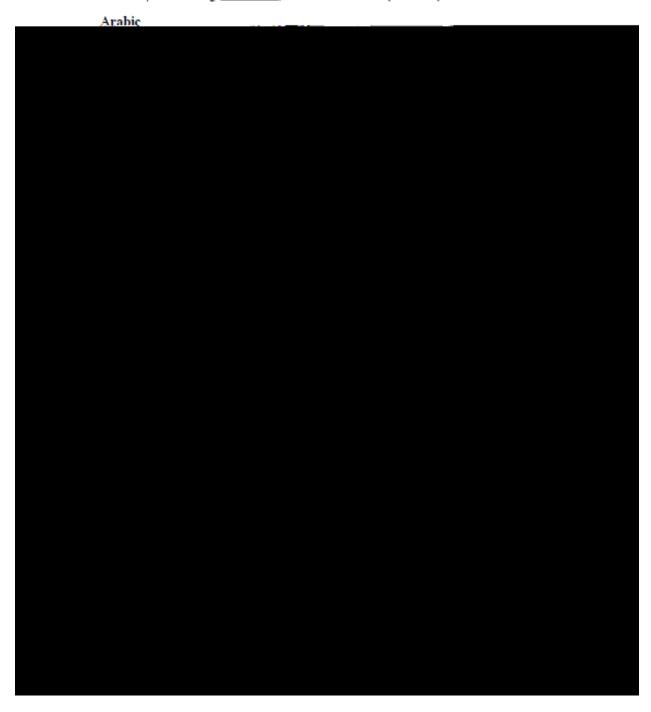
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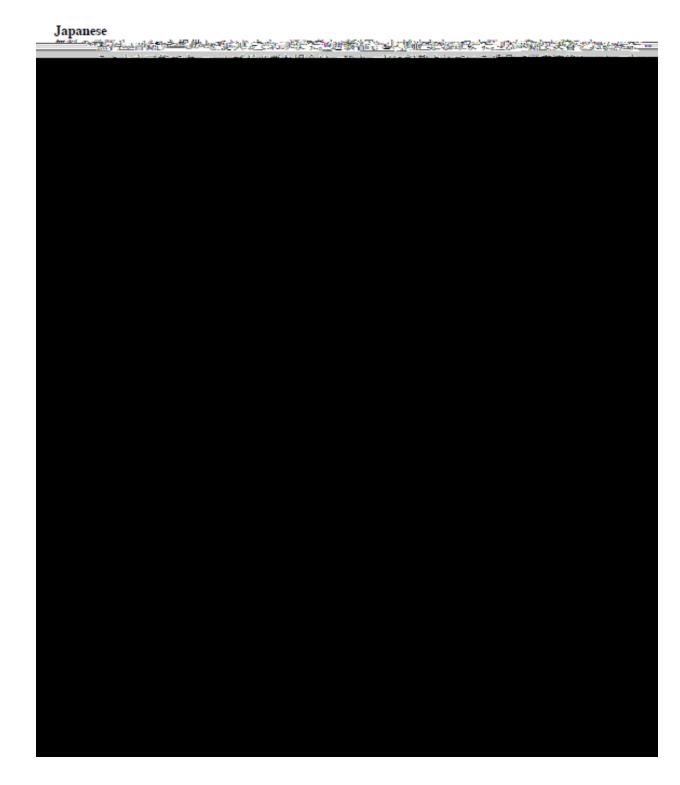
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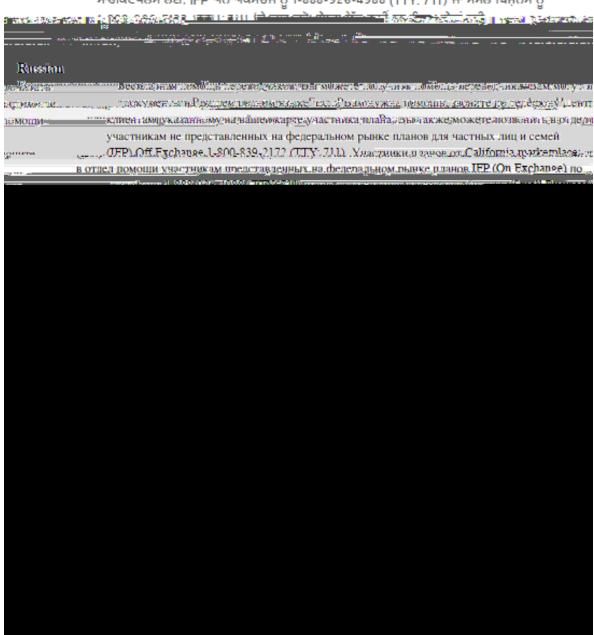
place, Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marke

For Chours Alans through this follows, call 1800-522 0088 (TTM 711).





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