



\$0.

See the Common Medical Events charge below for your costs for services this [plan](#) covers.

healthcare this [plan](#) doesn't cover.

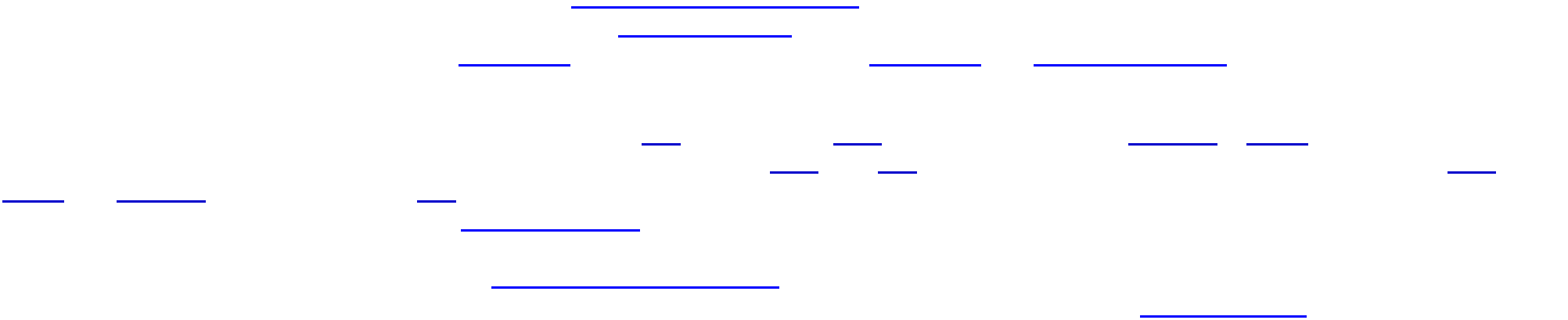
Even though you pay these expenses over .

		<p>_____, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p>_____</p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>

	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 prior authorization . If prior authorization is not obtained, benefits will be reduced by 25% coinsurance .
	Rehabilitation services	\$5 copay /visit	\$5 copay /visit	Limited to 20 combined visits for all therapies per calendar year. Some services require prior authorization . If prior authorization is not obtained, benefits will be reduced by 25% coinsurance .
	Habilitation services	\$5 copay /visit	\$5 copay /visit	
	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](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.

Chinese (中文): 1-800-522-0088.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-522-0088.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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

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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 Health Net's Customer Contact Center is available to you a source of discrimination can also be a source of harassment.

Health Net of California, Health Net Life Insurance and Health Net Services
1-800-444-4444

1-800-444-4444

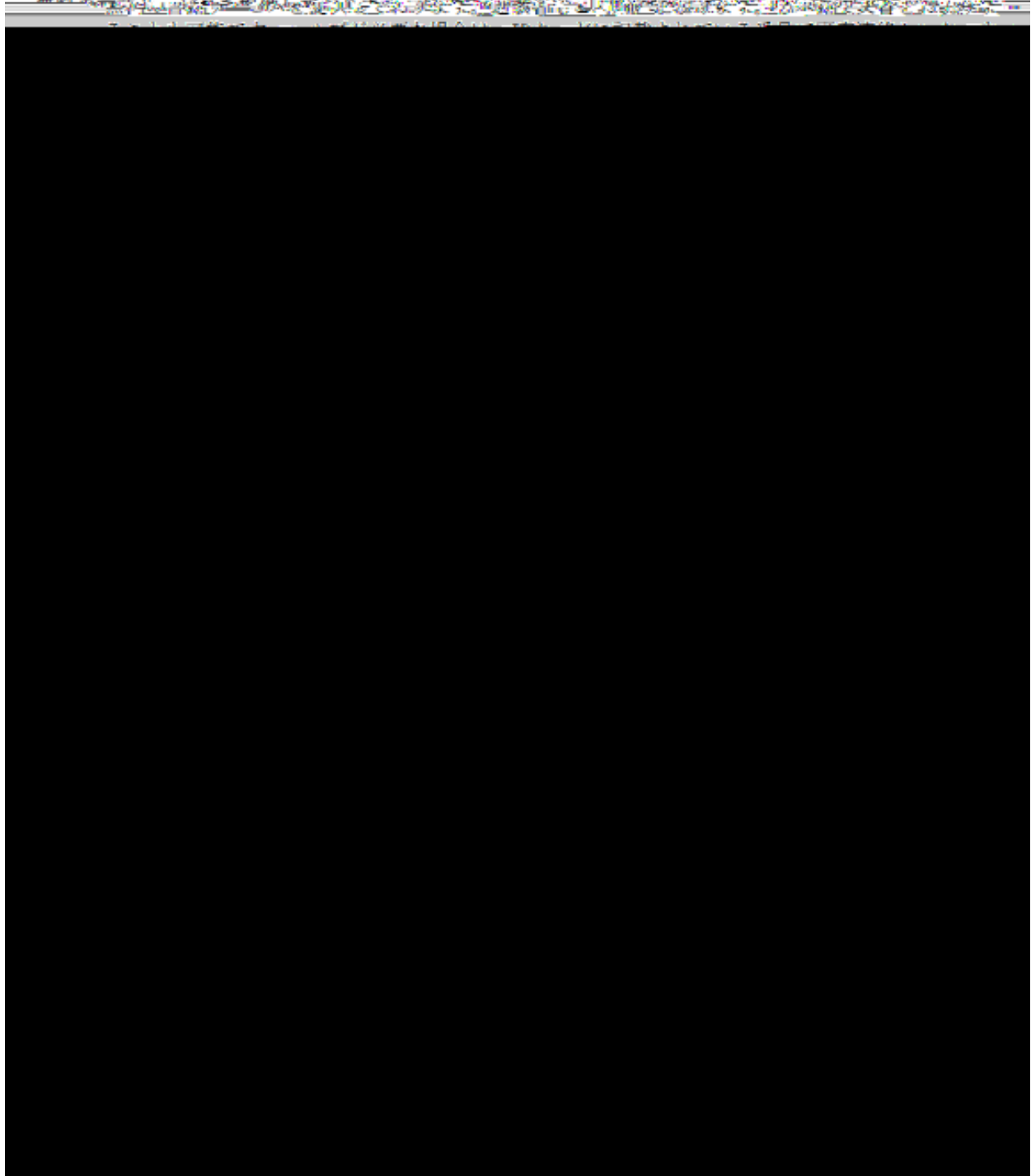
Email: [discrimination@healthnet.com](#) or
Non-discrimination@healthnet.com

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 available at [www.dhs.ca.gov](#) or call 1-800-444-4444.

If you have been discriminated against because of race, national origin, ancestry, sex, or disability, 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 4HH, in San Francisco, California.

Complaint forms are available at [www.dhs.ca.gov](#) or call 1-800-444-4444.

Japanese



Vietnam

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

