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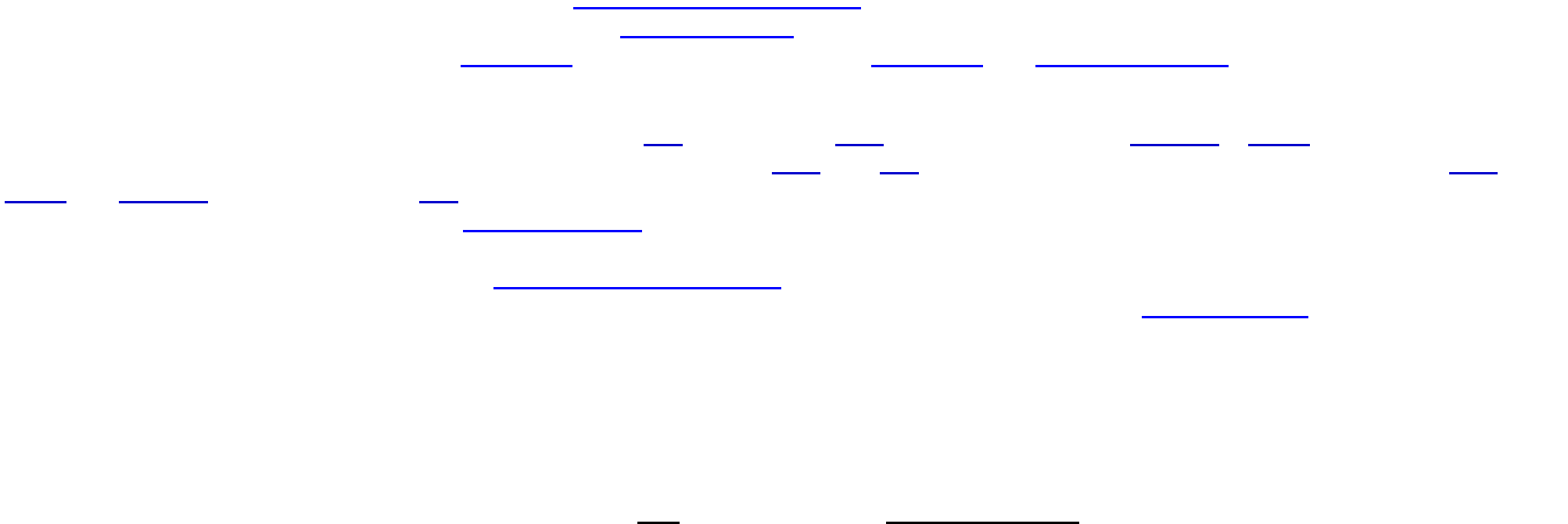


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<ul style="list-style-type: none"> € Acupuncture € Cosmetic surgery € Dental care (Adult) 	<ul style="list-style-type: none"> € Hearing aids € Long-term care € Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> € Private-duty nursing € Routine eye care (Adult) € Routine foot care € Weight loss programs
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<ul style="list-style-type: none"> € Abortion-termination of pregnancy and related services are covered in full. 	<ul style="list-style-type: none"> € Bariatric surgery € Chiropractic care-\$10 copay/visit (PPO); 	<p style="text-align: right;">ed</p>
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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 (): 1-800-522-0088.

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



PRA Disclosure Statement:

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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	_____	_____

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 harassment. Health Net's Customer Contact Center at 1-800-828-8282 and toll-free number 1-800-828-8282 is available to you. Health Net also has a harassment hotline email at: harassment@healthnet.com

Health Net of California, Health Net Life Insurance Company of California
10000 N. 1st St.

San Francisco, CA 94040

Email: harassment@healthnet.com or
Nondiscrimination@healthnet.com

If you are a member of Health Net of California, Inc. and are not satisfied with a decision or it has been more than 60 days since you filed a complaint with Health Net of California, Inc., you may file an independent administrative complaint with the Department of Health Care Services. You may file a complaint form at www.hhs.ca.gov/complaint or call 1-800-950-6231.

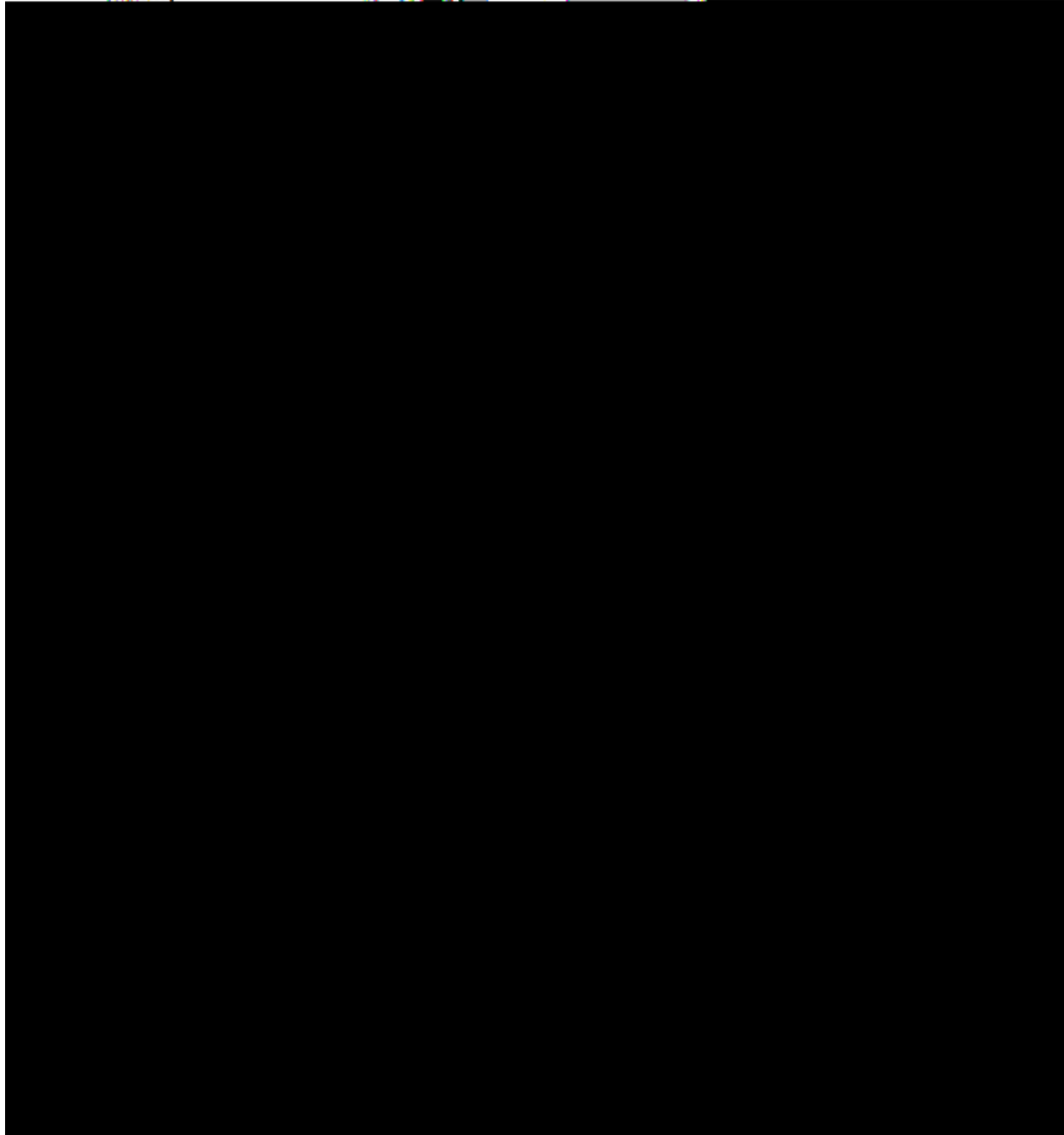
If you believe you have been discriminated against on the basis of race, national origin, ancestry, or sex, you may also file a civil rights complaint with the Department of Health and Human Services or the U.S. Department of Health and Human Services, Independence Avenue, Room 5050, Washington, DC 20502.

Complaint forms are available at www.dhs.gov or call 1-800-368-1011.

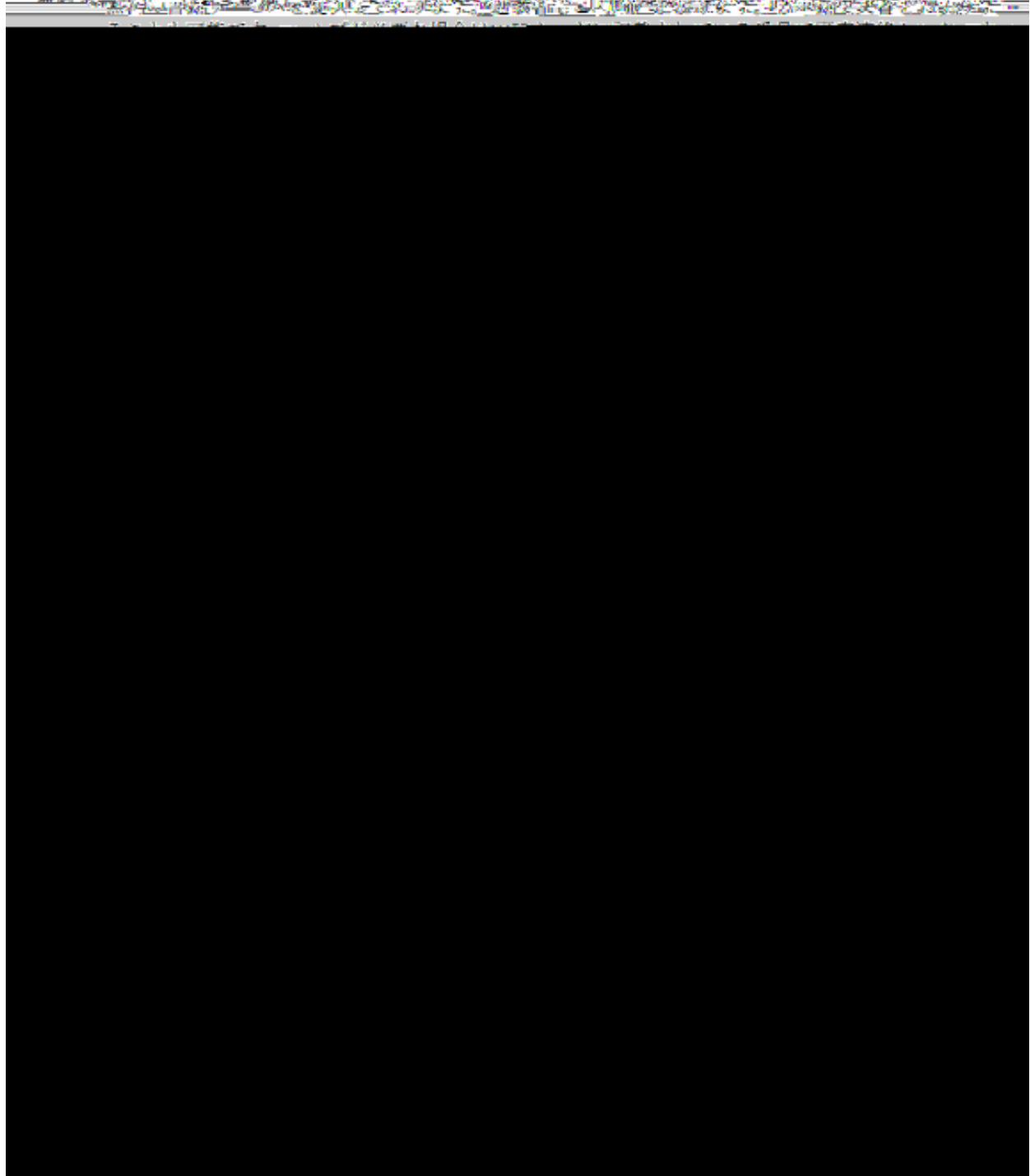
English

Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, contact the IFP Call Center at 1-800-368-7779 (TTY: 711) or visit www.irs.gov/efile. For more information, visit www.irs.gov/efile or call 1-800-839-2172 (TTY: 711).

Arabic



Japanese



Panjabi (Punjabi)

ਮਾਹਿਤ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਸੰਯੁਕਤ ਸ਼ਿਕਾਇਤਾਂ ਦੇ ਪੈਕੇਜ ਨੂੰ ਸਮਝਣ ਲਈ ਆਪਣੇ ਸਥਾਨਕ ਸੇਵਾ ਸੈਂਟਰ ਨੂੰ ਸੰਪਰਕ ਕਰੋ। ਸੇਵਾ ਸੈਂਟਰਾਂ ਦੀ ਸੂਚੀ [ਇੱਥੇ](#) ਉਪਲਬਧ ਹੈ।

ਸੇਵਾ ਸੈਂਟਰਾਂ ਦੀ ਸੂਚੀ [ਇੱਥੇ](#) ਉਪਲਬਧ ਹੈ। ਸੇਵਾ ਸੈਂਟਰਾਂ ਦੀ ਸੂਚੀ [ਇੱਥੇ](#) ਉਪਲਬਧ ਹੈ।

ਮਾਹਿਤ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, IFP ਐਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੇਲ ਬਿਜਲੇਸ ਨੂੰ

Russian

Получить информацию о пакете помощи по борьбе с COVID-19 можно по телефону своего местного центра обслуживания клиентов. Список центров обслуживания клиентов [здесь](#).

Получить информацию о пакете помощи по борьбе с COVID-19 можно по телефону своего местного центра обслуживания клиентов. Список центров обслуживания клиентов [здесь](#).

Участникам не представленным на федеральном рынке планов для частных лиц и семей

IFP's Office Exchange: 1-800-839-2132 (TTY: 711). [Участники из штата Калифорния](#)

Участникам не представленным на федеральном рынке планов IFP's Office Exchange

Vietnam

0 02 041 026

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

