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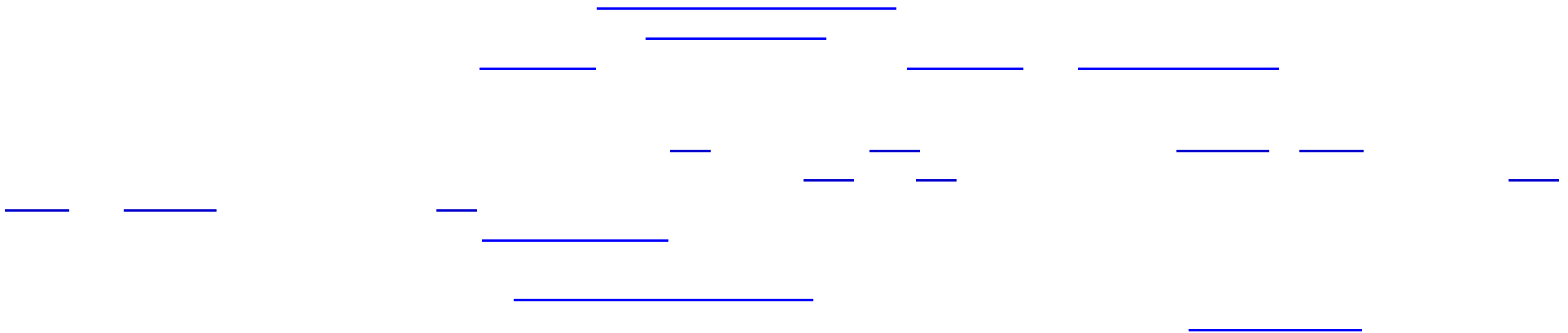
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<ul style="list-style-type: none"> <li>€ Acupuncture</li> <li>€ Cosmetic surgery</li> <li>€ Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>€ Hearing aids</li> <li>€ Long-term care</li> <li>€ Non-emergency care when traveling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

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

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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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0	_____	_____
<a href="#">Specialist copayment</a>	\$15	_____	_____
Hospital (facility) <a href="#">copayment</a>	\$0	_____	_____
Other <a href="#">copayment</a>	\$0	_____	_____

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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 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. A source of discrimination can also be a source of harassment. Email: [1-800-444-4444](mailto:1-800-444-4444)

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

1-800-444-4444

Email: [1-800-444-4444](mailto:1-800-444-4444)  
Nondiscrimination Complaints at [1-800-444-4444](mailto:1-800-444-4444)

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 at [www.dhs.gov](http://www.dhs.gov) or call 1-800-444-4444.

If you have been discriminated against on the basis of race, national origin, ancestry, disability, sex, or gender, you may 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, Washington, DC 20420.

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





## Japanese

