The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.healthnet.com/2020/eoc/pco/epo/gold80aianiex or call 1-888-926-4988. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or www.myhealthnetca.com or you can call 1-888-926-4988 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$0.</td>
<td>See the Common Medical Events chart below for costs for services this plan covers.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>There is no deductible.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>For non-IHCP preferred providers $7,800 per person / $15,600 per family per calendar year.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance billing charges, penalties for non-certification and healthcare this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out–of–pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. For a list of non-IHCP preferred providers, see <a href="http://www.myhealthnetca.com/findadoctor">www.myhealthnetca.com/findadoctor</a> or call 1-888-926-4988.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, 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.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>Indian Health Care Provider (IHCP) (You will pay the least)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>If you visit a health care provider’s office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No charge</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Preferred generic drugs (tier 1)</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Non-preferred generic and preferred brand drugs (tier 2)</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs (tier 3)</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs (tier 4)</td>
<td>No charge</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>Indian Health Care Provider (IHCP) (You will pay the least)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Emergency care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Emergency room care</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>No charge</td>
</tr>
<tr>
<td>Hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>Indian Health Care Provider (IHCP) (You will pay the least)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>No charge</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>No charge</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>Indian Health Care Provider (IHCP) (You will pay the least)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Home health care</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>No charge</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>Indian Health Care Provider (IHCP) (You will pay the least)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Hospice services</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children’s eye exam</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Children’s glasses</td>
<td>No charge</td>
</tr>
<tr>
<td></td>
<td>Children’s dental check-up</td>
<td>No charge</td>
</tr>
</tbody>
</table>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility services
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs (exclusion does not apply to preventive care behavioral interventions)

Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)

- Abortion services
- Bariatric surgery (covered through the preferred)
- Routine eye care (Adult) (screenings/eye refraction)

SBC_GLĐ_80_AI_AN_IFP_EPO_2020 * For more information about limitations and exceptions, see the plan or policy document at [www.myhealthnetca.com](http://www.myhealthnetca.com)
• Acupuncture (covered when medically necessary)  provider network if medically necessary) for vision correction purposes)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or https://www.dol.gov/ebsa/contactEBSA/consumerassistance.html.
- California Department of Insurance – 300 Capitol Mall Suite 1600 Sacramento CA 95814. Call toll free: (800) 927-4357 or visit http://insurance.ca.gov/consumers.

For more information on your rights to continue coverage, contact the plan at 1-888-926-4988. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:
There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Health Net’s Customer Contact Center at 1-888-926-4988, submit a grievance form through www.myhealthnetca.com, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. If you have a grievance against Health Net, you can also contact the California Department of Insurance, Consumer Communications Bureau Health Unit, 300 South Spring Street, South Tower, Los Angeles, CA 90013 or at 1-800-927-HELP (4357), 1-800 482-4833 TDD or at www.insurance.ca.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the California Department of Insurance at the contact information provided above.

Does this plan provide Minimum Essential Coverage? Yes
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes
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.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-888-926-4988.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码1-888-926-4988.
Navajo (Dine): Dine'ehgo shika at'ohwl ninisingo, kwiijigo holne’ 1-888-926-4988.

------------------------------To see examples of how this plan might cover costs for a sample medical situation, see the next section------------------------------
**About these Coverage Examples:**

This is not a cost estimator. 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.

---

<table>
<thead>
<tr>
<th>Peg is Having a Baby</th>
<th>Managing Joe's type 2 Diabetes</th>
<th>Mia's Simple Fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9 months of in-network pre-natal care and a hospital delivery)</td>
<td>(a year of routine in-network care of a well-controlled condition)</td>
<td>(in-network emergency room visit and follow up care)</td>
</tr>
</tbody>
</table>

- **Peg is Having a Baby**
  - The plan's overall deductible: $0
  - Specialist copayment: $65
  - Hospital (facility) coinsurance: 20%
  - Other coinsurance: $30

  This EXAMPLE event includes services like:
  - Specialist office visits (prenatal care)
  - Childbirth/Delivery Professional Services
  - Childbirth/Delivery Facility Services
  - Diagnostic tests (ultrasounds and blood work)
  - Specialist visit (anesthesia)

  Total Example Cost: $12,800

  In this example, Peg would pay:
  - Cost Sharing
    - Deductibles: $0
    - Copayments: $0
    - Coinsurance: $0
  - What isn't covered
    - Limits or exclusions: $0
  - The total Peg would pay is: $0

- **Managing Joe's type 2 Diabetes**
  - The plan's overall deductible: $0
  - Specialist copayment: $65
  - Hospital (facility) coinsurance: 20%
  - Other coinsurance: 20%

  This EXAMPLE event includes services like:
  - Primary care physician office visits (including disease education)
  - Diagnostic tests (blood work)
  - Prescription drugs
  - Durable medical equipment (glucose meter)

  Total Example Cost: $7,400

  In this example, Joe would pay:
  - Cost Sharing
    - Deductibles: $0
    - Copayments: $0
    - Coinsurance: $0
  - What isn't covered
    - Limits or exclusions: $0
  - The total Joe would pay is: $0

- **Mia’s Simple Fracture**
  - The plan's overall deductible: $0
  - Specialist copayment: $65
  - Hospital (facility) coinsurance: 20%
  - Other coinsurance: 20%

  This EXAMPLE event includes services like:
  - Emergency room care (including medical supplies)
  - Diagnostic test (x-ray)
  - Durable medical equipment (crutches)
  - Rehabilitation services (physical therapy)

  Total Example Cost: $2,500

  In this example, Mia would pay:
  - Cost Sharing
    - Deductibles: $0
    - Copayments: $0
    - Coinsurance: $0
  - What isn't covered
    - Limits or exclusions: $0
  - The total Mia would pay is: $0

---

Note: These numbers assume the patient received care from an IHCP provider or with IHCP referral at a non-IHCP. If you receive care from a non-IHCP provider without a referral from an IHCP your costs may be higher.
Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net’s Customer Contact Center at:

**Individual & Family Plan (IFP) Members On Exchange/Covered California** 1-888-926-4988 (TTY: 711)
**Individual & Family Plan (IFP) Members Off Exchange** 1-800-839-2172 (TTY: 711)
**Individual & Family Plan (IFP) Applicants** 1-877-609-8711 (TTY: 711)
**Group Plans through Health Net** 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net’s Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net’s Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances
PO Box 10348, Van Nuys, CA 91410-0348
Fax: 1-877-831-6019
Email: Member.Discrimination.Complaints@healthnet.com (Members) or Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at https://www.insurance.ca.gov/01-consumers/101-help/index.cfm.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).


Arabic
خدمات لغوية مجانية. يمكنك أن تتوفر لك ترجمة فورية. يمكنك أن تقرأ الوثائق بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المبين على بطاقتك أو الاتصال بالرقم الفرعي لخدمة الأفراد والعائلة: 1-800-839-2172 (TTY: 711).

Armenian

Chinese
免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（聽障專線：711）。

Hindi
बिना शुल्क भाषा सेवाएं। आप एक दुभाबषया प्रास कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, आप नए गुप प्लान पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैक्सिल प्लान (ईआईएफपी) ऑफ़ एक्सचेंज़: 1-800-839-2172 (TTY: 711) पर कॉल करें। कॉलेक्टिविया दोस्तर के लिए, आईएफपी ऑफ एक्सचेंज 1-888-926-4988 (TTY: 711) या स्पोर्ट्स विज्ञापन 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से गुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

Hmong
無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みす
ることも可能です。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターま
でお問い合わせいただくか、Individual & Family Plan (IFP)（個人・家族向けプラン）
Off Exchange: 1-800-839-2172 (TTY: 711) までお電話ください。カリフォルニア州のマーケット
プレイスについては、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business
1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、
1-800-522-0088 (TTY: 711) までお電話ください。
Panjabi (Punjabi)

ਖ਼ਤਮ ਕਰਨਾ ਚਾਹਿੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੀ ਭਾਸਾ ਦੀ ਯੋਜਨਾ ਉੱਪਨਾਸ਼ ਕਰਨਾ ਚਾਹਿੰਦੇ ਹਨ। ਇੱਥੇ ਸ਼ੁਧਾਰਤੀ ਕਜ਼ੀ ਦੀ ਮੱਥੀ ਬਦਲਣ ਦੀ ਯੋਜਨਾ ਰਾਹੀਂ ਕਰਨ ਦੀ ਯੋਜਨਾ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ। ਤੁਸੀ ਦੁਬਾਰਾ ਆਪਣੇ ਕੌਮ ਦੇ ਬਾਲ ਦੀ ਸੰਸਕ੃ਤ ਮੰਨਣ ਵਾਲੀਆਂ ਭਾਸਾ ਸੇਵਾਵਾਂ। ਤੁਸੀ ਇੱਿ ਦੁਭਾਸੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਿਰ ਸਿਦੇ ਹੋ। ਤੁਹਾਨੂ ਰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸਾ ਬਵੱਚ ਪੜ੍ਹ ਿੇ ਸੁਣਾਏ ਜਾ ਸਿਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਿਾਰਡ ਤੇ ਬਦੱਤੇ ਨ ਰਿਰ ਤੇ ਗਾਹਿ ਸੰਸਕੱਤਰ ਨੂ ਰ ਿਾਲ ਿਰੋ ਜਾਂ ਬਵਅਿਤੀਗਤ ਅਤੇ ਪਬਰਵਾਰਿ ਯੋਜਨਾ

Russian


Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

Tagalog


Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดค้นหาศูนย์บริการที่ทำหน้าที่ติดต่อแผนประกันสุขภาพของคุณ หรือติดต่อแผนประกันสุขภาพของอื่น (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทร 711) สําหรับแผนประกันสุขภาพของ Health Net โทร 1-800-522-0088 (โทร 711)

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