Health Net of California, Inc. (Health Net)

ambetter. FROM | health net.

Take Action and Choose Your Health Coverage. Choose Ambetter from Health Net!

Effective January 1, 2027

Individual & Family Plans available through Covered California™

myhealthnetca.com

Whether you're new to Health Net, or coming back to us for 2027, there are several things to know about our plans and our people:

- We offer affordable, quality health coverage for individuals and families.
- Through our local doctor networks, we help people get the care they need through every stage of their life and health.
- Like you, we live and work in California.
- You can enroll in our plans through Covered California.

Take a look inside to see what Health Net has ready and waiting for you.

What you'll find inside...

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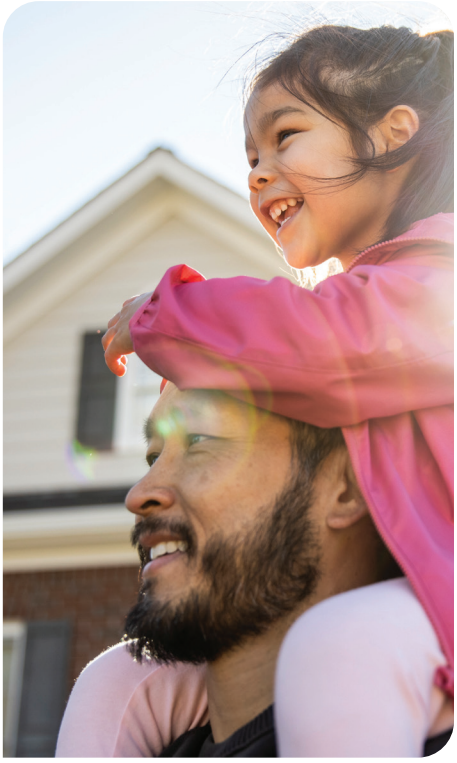
The Value of Health Coverage

You may wonder if there have been any changes in the law that may impact you and your family. You may also wonder why you need health care coverage. Here are some things you should know.



How the rules impact you in California

For 2027 the following information applies:

- California requires individuals to have health insurance or pay a state tax penalty.
- You may be able to get help paying your premium. Premium assistance through California and the federal government is available based on your family household income. Financial help is only available when you buy health coverage through Covered California.
- All individual and family plans must offer coverage for 10 essential health benefits. These include maternity care, mental health, hospitalization, pediatric dental and more.

Coverage gives you peace of mind

Did you know a three-day hospital stay can cost as much as $30,000?[1] Costs like these are what make buying health coverage worth your hard-earned money. Health coverage helps you:

- Pay for major medical costs if you get sick or hurt. Costs related to an accident or illness can quickly add up. And cost is the last thing you want to worry about if an emergency comes up.
- Stay healthy with checkups, vaccines and health screenings. It also helps cover the cost of prescription drugs and expenses related to managing chronic illness.

Choose the peace of mind that comes with having health coverage!
Make Ambetter from Health Net your plan for 2027.

[1]https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/

Your enrollment checklist

Do the doctors, specialists and providers in the plan network fit your health needs?

Are the plan's deductible, copay and coinsurance amounts right for your budget?

Do you qualify to get premium assistance?

2027 Enrollment Period

You can sign up for new health coverage or change your existing health coverage for 2027.

Enrollment begins: November 1, 2026.

Enrollment ends: January 31, 2027.

Some key dates to keep in mind:

- For health coverage to start immediately on January 1, enroll by December 31. You must make your first premium payment before your coverage can start.
- Last day to enroll for coverage in 2027 is January 31. Enroll by January 31 for your health coverage to start February 1. After that, you can enroll only if you qualify for a special event.

Some examples of events that qualify you to enroll after January 31 are:

- Losing a job that provided coverage.
- Having or adopting a baby.
- Having a major income change.
- Getting married or divorced.
- Moving outside a service area.

Ways to Enroll

When you're ready to sign up for Health Net coverage, we're here to help make it easy!

- Call our Health Net sales team at **877-609-8711**.
- Go to **www.CoveredCA.com**.
- **Visit** your local broker or a Covered California certified enrollment counselor.

Rules for 2027

For 2027, Californians must have health care coverage or pay a penalty. You'll pay the penalty when you file your state taxes. To avoid paying the state penalty, individuals may qualify for an exemption.

You can learn about exemptions and confirm the penalty for the 2027 tax year at www.coveredca.com/individuals-and-families/getting-covered/penalty-and-exemptions.

Find Your Costs and Coverage Levels

There are two kinds of costs that come with having health coverage:

Monthly premium

This is what you pay to keep your health coverage current. You pay it directly to Health Net. You pay it monthly, whether or not you use services.

Copayment or coinsurance

This is the amount you pay when you use health services, called out-of-pocket costs. You pay it directly to the doctor, pharmacy or other provider (e.g., lab, hospital).

Some health plans have a deductible. This is the amount you owe for some covered health care services before your health plan begins to pay for those services. After you pay your deductible, covered services are still subject to other cost sharing like copayments and coinsurance.

Find the right level of coverage

Choosing the right plan depends on your health care needs. It also depends on your budget and lifestyle. There is a trade-off between the price of your monthly premium and the amount you pay when you need medical care.

Higher monthly premium

+

Lower out-of-pocket costs

or

Lower monthly premium

+

Higher out-of-pocket costs

Here are two examples

David is in his early 50s and sees the doctor often for high blood pressure. He has had a couple of surgeries and may need another. **David chooses a plan with a higher monthly premium payment. His plan also covers more of the out-of-pocket costs of the services he uses, which means he will likely pay less for each doctor visit or treatment.**

Gloria is 27 and rarely ill. She wants a health plan that keeps her covered but costs her less. **Gloria picks a plan with a lower monthly premium payment. She knows it will cost more to see a doctor, but she plans to put money aside in case she has an unexpected health expense.**

Important tip: Check out the Health Care Definitions on page 16 if you are confused about a health care word.

Financial Help through Covered California

The government offers financial help for health coverage to people who qualify. There are two types of help:

Premium assistance
for people who qualify lowers the cost you pay every month for health care coverage.

Cost-sharing reductions
available on Enhanced Silver plans lower what you pay for services like doctor visits.

- Both kinds of help are based on your annual household income and family size.
- Premium assistance is available, if you qualify, for all plans except Minimum Coverage plans.
- Cost-sharing reductions are available with silver level plans that are called Enhanced Silver plans.
- You have to buy health coverage through Covered California to get premium assistance and/or cost-sharing reductions.

You can find out what premium you will pay based on your age, ZIP code, income, and the number of people in your family.

Call Health Net at **877-609-8711**, and we will help you find the coverage level that fits you best.

You can also use Covered California's online Shop and Compare tool at **www.CoveredCA.com** to do this.

Here is an example

Alina is 40 years old and buying health care for herself and her three kids. Because she makes about $45,000 a year, she qualifies for both premium assistance and cost-sharing reductions.

First, premium assistance will lower the amount she has to pay each month for coverage. The premium assistance is available no matter what metal level plan she chooses.

Second, she can get an Enhanced Silver plan that lowers the amount she pays for doctor visits and other services.

For example, Alina's copayment for a doctor visit might be $15 instead of $50.

With three kids, Alina's family sees the doctor fairly often. So Alina decides that an Enhanced Silver-level plan is right for her.

The Benefits of Health Net

Health Net gives you a choice of health plans – and a whole lot more.

Take care with Health Net

When you choose Health Net, you can count on:

- Doctor visits when you need care
- Flu shots. Mammograms. Vaccines for kids
- Medical advice any time of day or night and on weekends
- Urgent care and hospital services when you need them

Fill your prescriptions

The Ambetter from Health Net Drug List is a list of prescription drugs covered by your plan. The Ambetter from Health Net Drug List can be found at **www.myhealthnetca.com** under the Pharmacy Information section.

- Use pharmacies in your health plan's pharmacy network
- Select generic drugs to reduce your out-of-pocket costs
- Take advantage of our mail order program for your prescriptions for chronic conditions

Get an online account

Having an online account can help you understand and manage your Ambetter from Health Net plan. Use our member portal to:

- Print member ID cards
- See your plan details
- View pharmacy benefits or find a pharmacist near you
- Change your primary doctor/PCP
- Find programs for weight management, stopping smoking and more
- Know when to get health screenings

(continued)

Health & Wellness Programs

As a member, you and your covered dependents have access to these wellness programs and more through current enrollment with Health Net.

Make Healthy Choices and Get Rewarded

Our My Health Pays® program is available to Ambetter from Health Net members. It's a rewards program that pays you for the healthy decisions you're most likely already making each and every day. Did your annual wellness screening? You get points for that. Learning new ways to be healthy? You get points for that, too. Earn and be rewarded!

The Active&Fit Direct™ program

Gym or home? Stay active either way. With the Active&Fit Direct™ program,[1] you'll have access to:

- Thousands of fitness centers, studios and workout videos
- One-on-one coaching for fitness, stress, sleep and more!

WeightWatchers

WeightWatchers offers flexible programs, science-backed tools and a community of support to help you reach your health goals. Health Net Plan Members can get an exclusive discount off the retail price. **Already a WeightWatchers member?** You can sync your current WW account to get this discount.

Teladoc Mental Health (Digital Program)

Teladoc Mental Health (Digital Program)[2] is a tool designed to help you become happier and healthier. Available 24/7 online and via mobile app, this self-help program provides proven ways that can support you to achieve lasting, positive changes. It is safe, secure, and personalized – just for you!

[1]There is a 2-month commitment required. The Active&Fit Direct Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ASH reserves the right to modify any aspect of the Active&Fit Program (including, without limitation, the Enrollment Fee, the Monthly Fee, and/or the Introductory Period) at any time by amending these Terms and Conditions. If ASH modifies a fee or makes a material change to the Program, ASH will provide you with no less than 30 days' notice prior to the effective date of the change. ASH may discontinue the Program entirely at any time upon advance written notice. The Active&Fit logo is a trademark of ASH and used with permission herein.

[2]Members have access to Teladoc Mental Health (Digital Program) through current enrollment with Health Net of California, Inc.

Learn Where to Get Care

Our plans offer a variety of ways to get the care you need, when you need it.

At a doctor's office | **At home** | **In a clinic**

Your primary doctor

Go to your primary doctor (also called your primary care physician or PCP) for routine and preventive care. This includes annual wellness exams, illness, vaccinations, and general medical care.

Other in-network providers

Get care from other doctors, specialists or providers (like urgent care or hospitals) in your network.[1] *PCP referral required on our Ambetter HMO plans.*[2]

For Ambetter HMO, there is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.

To find providers in your plan's network, visit myhealthnetca.com and click on *Find a Provider*.

Behavioral Health Providers

Get mental health services like:

- Counseling
- Psychotherapy
- Treatment for addiction
- Psychiatric services

You don't need a referral from your primary doctor. And, you can check to see if you can obtain your sessions by phone or videochat.

Telehealth

See if your doctor offers telehealth services. Telehealth services through your doctor are subject to the same copayments as if the service was delivered in person. This is ideal when you can't meet with your primary doctor, or their office is closed.[1]

Teladoc Virtual Visits

Teladoc provides convenient virtual healthcare with secure, confidential access to U.S. board-certified doctors. It's a helpful option when you're unable to see your regular doctor. **Appointments can be scheduled easily through the Teladoc app, online, or by calling 800-Teladoc (835-2362).**[1, 3]

24/7 Nurse advice line

Get advice from a registered nurse on whether to seek medical care or how to care for illness and injury at home, like self-care for minor injuries and illness like fevers and the flu.[1]

Urgent care centers

Get same-day care for non-emergency illnesses or injuries.[1] Some urgent care centers now offer X-rays and lab tests, too.

[1]Go straight to the nearest emergency room or call 911 if you have an emergency.

[2]Self-referrals are allowed for obstetrician and gynecological services and reproductive and sexual health care services.

[3]You may receive services on an in-person basis or via telehealth, if available, from your primary care provider, a treating specialist or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with the service and existing timeliness and geographic access standards required under California law. Any cost share for services received through Teladoc will accrue toward your out-of-pocket maximum and deductible (if your plan has a deductible). By scheduling through Teladoc, you consent to receive services via telehealth through Teladoc. See your health plan coverage document for coverage information and for the definition of telehealth services. You have a right to access your medical records for services received through Teladoc. Unless you choose otherwise, any services provided through Teladoc shall be shared with your primary care provider.

Explore Your Ambetter from Health Net Plan Choices

For more than 45 years, Californians have looked to us for health coverage that fits their health and budget. *Now's the time for you to choose Ambetter from Health Net!*

You can enroll in an Ambetter from Health Net plan through Covered California.

If you need help, we're here to answer your questions and help you choose a plan. Just call ***877-609-8711.***

Covered California – Choose by Location

You want and deserve health coverage you can count on. That's where Health Net comes in. You can choose from a variety of Health Net plans through Covered California.

The plans available to you are based on your county:

County	Region	Ambetter HMO	Ambetter PPO
Imperial	13	✔	
Kern County[3]	14	✔	
Los Angeles	15/16	✔	✔
Orange	18	✔	✔
Placer[3]	3		✔
Riverside[3]	17	✔	✔
Sacramento	3		✔
San Bernardino[3]	17	✔	✔
San Diego	19	✔	✔
Yolo	3		✔

[3]Partial county – not all ZIP codes available.

You can enroll in any of the plans we offer in your location.

Ambetter HMO Plans

THROUGH COVERED CALIFORNIA

Our Ambetter HMO plans might be right for you if you prefer:

- *More predictable costs, and*
- *One familiar doctor to oversee your care*

Your primary care physician (PCP or primary doctor) will refer you to specialists and facilities in the Ambetter HMO network, when you need it.[1]

For prescription medicine, you can go to any pharmacy in the Ambetter Pharmacy Network. It includes Walgreens, CVS Pharmacy, Safeway, Costco, Vons, and others.

[1]Self-referrals are allowed for obstetrician and gynecological services and reproductive and sexual health care services.

Important tip: Use the Ambetter HMO Network for all covered services. If you need a specialist, your PCP will refer you to one.[1] There is no coverage for out-of-network services except for emergency care, urgent care and services approved by Health Net.

Ambetter HMO plans – Your share of costs

The amounts shown here are what you would pay for the services you use with each plan. With Gold 80 Ambetter HMO, for example, your cost for a doctor office visit is $40.

Reminder! Your share of costs is in addition to the monthly premium you pay for your health coverage.

Benefit	Platinum 90 Ambetter HMO	Gold 80 Ambetter HMO	Silver 70 Ambetter HMO	Bronze 60 Ambetter HMO (Available in Imperial and Kern County only)[9]	Minimum Coverage Ambetter HMO (Available in Imperial and Kern County only)[1, 9]
Deductible For one person / For family	$0 / $0	$0 / $0	$4,700 / $9,400	$5,800 / $11,600	$12,000 / $24,000
Out-of-pocket maximum For one person / For family	$5,500 / $11,000	$9,600 / $19,200	$11,650 / $23,300	$11,650 / $23,300	$12,000 / $24,000
Doctor office visit	$20	$40	$50[2]	$60[2]	0%[6]
Telehealth consultations through the select telehealth services provider[3, 8]	$0	$0	$0[2]	$0[2]	0%[2]
Specialist	$45	$80	$100[2]	$100[6]	0%
Hospital stay	Facility: $325[4]; Physician: $0	Facility: $375[4]; Physician: $0	Facility: 30%; Physician: 30%[2]	Facility: 40%; Physician: 40%	Facility: 0%; Physician:0%
Outpatient surgery	Facility: $100; Physician: $50	Facility: $150; Physician: $75	Facility: 30%[2]; Physician: 30%[2]	Facility: 40%; Physician: 40%	Facility: 0%; Physician:0%
Urgent care	$20	$40	$50[2]	$60[2]	0%[6]
Emergency care[5]	Facility: $225; Physician: $0	Facility: $350; Physician: $0	Facility: $400[2]; Physician: $0	Facility: 40%; Physician: $0	Facility: 0%; Physician: $0
Prescription drugs Prescription drug calendar year deductible	$0	$0	$50 per member / $100 per family	$450 per member / $900 per family	Medical deductible applies
Tier 1 (most generics and low-cost preferred brands)	$10	$19	$20 (Rx deductible waived)	$20 (Rx deductible waived)	0%[7]
Tier 2 (non-preferred generics and preferred brands)	$25	$60	$65 (after Rx deductible)	40% up to $500 (after Rx deductible)	0%[7]
Tier 3 (non-preferred brands only)	$45	$90	$95 (after Rx deductible)	40% up to $500 (after Rx deductible)	0%[7]

This is a summary only. The Ambetter HMO disclosure has plan overviews with more details about what services are covered with our Ambetter HMO plans. The deductible applies unless otherwise noted. Pediatric dental and vision services are covered until the last day of the month in which the child turns age 19.

[1]Minimum coverage plans are available to individuals who are under age 30. You may also be eligible for this plan if you are age 30 or older and are exempt from the federal requirement to maintain minimum essential coverage. Once you are enrolled, you must re-apply for a hardship exemption from the Marketplace and re-submit the Marketplace notice showing your exemption certificate number to Health Net every year – by January 1 – in order to remain on this plan.

[2]Your medical deductible does not apply to these services.

[3]Should not replace regular doctor visits. Only telehealth services provided by a select telehealth services provider are covered at the copays shown. Covered services for medical, mental disorders and chemical dependency conditions provided appropriately as telehealth services through a regular doctor are covered on the same basis and to the same extent as covered services delivered in-person.

[4]Per day, up to five days.

[5]You do not pay the copayment if you are admitted to the hospital.

[6]The first three visits are not subject to the deductible. You just pay the copayment. For visits 4 and more, you pay the full cost until you have paid your deductible.

[7]Your medical deductible applies to prescription drugs for all tiers.

[8]Your medical deductible is waived for HDHP and Minimum Coverage plans.

[9]Effective January 1, 2026, a healthcare savings account (HSA) can be used with all Bronze and Minimum Coverage plans to cover member responsible cost-sharing.

Ambetter HMO Enhanced Silver plans – Your share of costs

Beginning in January 2027, all individuals who are eligible to enroll for health coverage through Covered California can choose a cost-share reduction/Enhanced Silver plan. Instead of paying $50 to visit the doctor, the cost could be as low as $5. The Enhanced Silver plan that you qualify for will depend on your income. Check with Health Net to see which Enhanced Silver plan you qualify for.

Benefit	Silver 94 Ambetter HMO	Silver 87 Ambetter HMO	Silver 73 Ambetter HMO
Deductible For one person / For family	$200 / $400	$1,100 / $2,200	$4,700 / $9,400
Out-of-pocket maximum For one person / For family	$3,000 / $6,000	$4,000 / $8,000	$9,600 / $19,200
Doctor office visit	$5[3]	$15[3]	$50[3]
Telehealth consultations through the select telehealth services provider[1]	$0[3]	$0[3]	$0[3]
Specialist	$8[3]	$30[3]	$100[3]
Hospital stay	Facility: 10%; Physician: 10%[3]	Facility: 20%; Physician: 20%[3]	Facility: 30%; Physician: 30%[3]
Outpatient surgery	10%[3]	20%[3]	30%[3]
Urgent care	$5[3]	$15[3]	$50[3]
Emergency care[2]	Facility: $50[3]; Physician: $0[3]	Facility: $200[3]; Physician: $0[3]	Facility: $400[3]; Physician: $0[3]
Prescription drugs Prescription drug calendar year deductible	$0	$50 / $100	$50 / $100
Tier 1 (most generics and low-cost preferred brands)	$3	$10 (Rx deductible waived)	$20 (Rx deductible waived)
Tier 2 (non-preferred generics and preferred brands)	$10	$30 (after Rx deductible)	$55 (after Rx deductible)
Tier 3 (non-preferred brands only)	$15	$50 (after Rx deductible)	$95 (after Rx deductible)

This is a summary only. The Ambetter HMO disclosure has plan overviews with more details about what services are covered with our Ambetter HMO plans. Pediatric dental and vision services are covered until the last day of the month in which the child turns age 19.

[1]Should not replace regular doctor visits. Only telehealth services provided by a select telehealth services provider are covered at the copays shown. Covered services for medical, mental disorders and chemical dependency conditions provided appropriately as telehealth services through a regular doctor are covered on the same basis and to the same extent as covered services delivered in-person.

[2]You do not pay the copayment if you are admitted to the hospital.

[3]Your medical deductible does not apply to these services

Ambetter PPO Plans

THROUGH COVERED CALIFORNIA

An Ambetter PPO is the right plan for you if freedom of choice at an affordable cost matters.

You select a primary care physician (PCP or primary doctor) from the Ambetter PPO network. Your PCP helps guide your care. With this plan, you can choose to get care from specialists in the network and you don't need a referral from your PCP. To be sure this plan is a fit for you, review the providers available in the Ambetter PPO provider network.

For prescription medicine, you can go to any pharmacy in the Ambetter Pharmacy Network. It includes Walgreens, CVS Pharmacy, Safeway, Costco, Vons, and others.

Important tip: To keep your costs as low as possible, go to doctors and specialists in the Ambetter PPO network. Doctors who aren't in your network may charge more than Health Net will pay. You may have to pay the difference between what the out-of-network doctor charges and what Health Net pays. This is called balance billing. You pay these costs in addition to your deductible, copays, coinsurance and your monthly premium. And, balance billing amounts are not covered by your plan and won't apply to your annual deductible or your out-of-pocket maximum. Except for urgent care and emergency care, services and supplies provided by providers outside of California are not covered.

Ambetter PPO plans – Your share of costs

The amounts shown here are what you would pay for the services you use with each plan. With Gold 80 Ambetter PPO, for example, your cost for a doctor office visit is $40.

Reminder! Your share of costs is in addition to the monthly premium you pay for your health coverage.

Benefit	Platinum 90 Ambetter PPO	Gold 80 Ambetter PPO	Silver 70 Ambetter PPO	Bronze 60 Ambetter PPO[8]	Bronze 60 HDHP Ambetter PPO[8]	Minimum Coverage Ambetter PPO[1, 8]
Deductible For one person / For family	$0 / $0	$0 / $0	$4,700 / $9,400	$5,800 / $11,600	$7,800 / $15,600	$12,000 / $24,000
Out-of-pocket maximum For one person / For family	$5,500 / $11,000	$9,600 / $19,200	$11,650 / $23,300	$11,650 / $23,300	$7,800 / $15,600	$12,000 / $24,000
Doctor office visit	$20	$40	$50[2]	$60[2]	0%	0%[3]
Telehealth consultations through the select telehealth services provider[4, 7]	$0	$0	$0[2]	$0[2]	0% [2]	0%[2]
Specialist	$45	$80	$100[2]	$100[3]	0%	0%
Hospital stay	Facility: 10%; Physician: 10%	Facility: 30%; Physician: 30%	Facility: 30%; Physician: 30%[2]	Facility: 40%; Physician: 40%	Facility: 0%; Physician: 0%	Facility: 0%; Physician: 0%
Outpatient surgery	10%	30%	30%[2]	40%	0%	0%
Urgent care	$20	$40	$50[2]	$60[2]	0%	0%[3]
Emergency care[5]	Facility: $225; Physician: $0	Facility: $350; Physician: $0	Facility: $400[2]; Physician: $0	Facility: 40%; Physician: $0	Facility: 0%; Physician: 0%	Facility: 0%; Physician: 0%
Prescription drugs Prescription drug calendar year deductible	$0	$0	$50 per member / $100 per family	$450 per member / $900 per family	Medical deductible applies	Medical deductible applies
Tier 1 (most generics and low-cost preferred brands	$10	$19	$20 (Rx deductible waived)	$20 (Rx deductible waived)	0%[6]	0%[6]
Tier 2 (non-preferred generics and preferred brands)	$25	$60	$65 (after Rx deductible)	40% up to $500 (after Rx deductible)	0%[6]	0%[6]
Tier 3 (non-preferred brands only)	$45	$90	$95 (after Rx deductible)	40% up to $500 (after Rx deductible)	0%[6]	0%[6]

This is a summary only. The Ambetter PPO disclosure has plan overviews with more details about what services are covered with our Ambetter PPO plans. Pediatric dental and vision services are covered until the last day of the month in which the child turns age 19.

[1]Minimum coverage plans are available to individuals who are under age 30. You may also be eligible for this plan if you are age 30 or older and are exempt from the federal requirement to maintain minimum essential coverage. Once you are enrolled, you must re-apply for a hardship exemption from the Marketplace and re-submit the Marketplace notice showing your exemption certificate number to Health Net every year – by January 1 – in order to remain on this plan.

[2]Your deductible does not apply to these services.

[3]The first three visits are not subject to the deductible. You just pay the copayment. For visits 4 and more, you pay the full cost until you have paid your deductible.

[4]Should not replace regular doctor visits. Only telehealth services provided by a select telehealth services provider are covered at the copays shown. Covered services for medical, mental disorders and chemical dependency conditions provided appropriately as telehealth services through a regular doctor are covered on the same basis and to the same extent as covered services delivered in-person.

[5]You do not pay the copayment if you are admitted to the hospital.

[6]Your medical deductible applies to prescription drugs for all tiers.

[7]Your medical deductible is waived for HDHP and Minimum Coverage plans.

[8]Effective January 1, 2026, a healthcare savings account (HSA) can be used with all Bronze and Minimum Coverage plans to cover member responsible cost-sharing.

Ambetter PPO Enhanced Silver plans – Your share of costs

Beginning in January 2027, all individuals who are eligible to enroll for health coverage through Covered California can choose a cost-share reduction/Enhanced Silver plan. Instead of paying $50 to visit the doctor, the cost could be as low as $5. The Enhanced Silver plan that you qualify for will depend on your income. Check with Health Net to see which Enhanced Silver plan you qualify for.

Benefit	Silver 94 Ambetter PPO	Silver 87 Ambetter PPO	Silver 73 Ambetter PPO
Deductible For one person / For family	$200 / $400	$1,100 / $2,200	$4,700 / $9,400
Out-of-pocket maximum For one person / For family	$3,000 / $6,000	$4,000 / $8,000	$9,600 / $19,200
Doctor office visit	$5[3]	$15[3]	$50[3]
Telehealth consultations through the select telehealth services provider[1]	$0[3]	$0[3]	$0[3]
Specialist	$8[3]	$30[3]	$100[3]
Hospital stay	Facility: 10%; Physician: 10%[3]	Facility: 20%; Physician: 20%[3]	Facility: 30%; Physician: 30%[3]
Outpatient surgery	10%[3]	20%[3]	30%[3]
Urgent care	$5[3]	$15[3]	$50[3]
Emergency care[2]	Facility: $50[3]; Physician: $0[3]	Facility: $200[3]; Physician: $0[3]	Facility: $400[3]; Physician: $0[3]
Prescription drugs Prescription drug calendar year deductible	$0	$50 / $100	$50 / $100
Tier 1 (most generics and low-cost preferred brands)	$3	$10 (Rx deductible waived)	$20 (Rx deductible waived)
Tier 2 (non-preferred generics and preferred brands	$10	$30 (after Rx deductible)	$55 (after Rx deductible)
Tier 3 (non-preferred brands only)	$15	$50 (after Rx deductible)	$95 (after Rx deductible)

This is a summary only. The Ambetter PPO disclosure has plan overviews with more details about what services are covered with our Ambetter PPO plans. Pediatric dental and vision services are covered until the last day of the month in which the child turns age 19.

[1]Should not replace regular doctor visits. Only telehealth services provided by a select telehealth services provider are covered at the copays shown. Covered services for medical, mental disorders and chemical dependency conditions provided appropriately as telehealth services through a regular doctor are covered on the same basis and to the same extent as covered services delivered in-person.

[2]You do not pay the copayment if you are admitted to the hospital.

[3]Your medical deductible does not apply to these services.

Health Care Definitions

Health coverage comes with its own language. Use our mini-glossary as you read this guide to learn more about your plan choices.

Balance billing

The difference between what the doctor charges and the amount the health plan pays. For example, if the doctor charges $250 and your plan covers $100, you pay the $150 difference.

Balance billing usually applies only to plans that offer out-of-network coverage. Example: PPO plans.

Benefits (also called covered services)

The health care services that are covered by your health plan, such as office visits, X-rays, preventive care, laboratory tests, etc.

Coinsurance

Your share of the costs of a covered health care service. It is calculated as a percentage. Let's say the coinsurance is 20% and the medical bill is $100. You might pay $20, and the health plan would pay the rest

Copayment (also called copay)

Your share of the costs of a covered health care service, set at a fixed amount. For a doctor visit that might cost $150, you would pay $15, and the health plan pays the rest. Copayments vary by plan.

Cost-sharing

The amount of money you pay out of your own pocket for services covered by your health plan. Deductibles, coinsurance and copayments are examples of cost-sharing.

Deductible

The amount you owe for some covered health care services before your health plan begins to pay for certain services. After you pay your deductible, covered services are still subject to other cost sharing like copayments and coinsurance.

For example, if your deductible is $1,000, you have to pay for the health care services you use up to this amount. The deductible may not apply to all services.

Dependents

Spouse, domestic partner, children or parent/stepparent of the primary member.

Excluded services

Health care services that your health coverage doesn't pay for or cover.

Formulary

The list of prescription drugs that are covered by your health plan. Some drugs on the Ambetter from Health Net Drug List require prior authorization from Health Net in order to be covered.

Member

The person who receives benefits under the plan.

Network

The doctors, hospitals and other health care providers that your health plan has contracted with to provide health care services. The number of providers in the network varies by plan.

Out-of-pocket maximum

The most you pay during a policy period (usually a calendar year). After you pay the out-of-pocket maximum, your health plan will begin to pay 100% of the allowed amount for covered services. This limit never includes your premium or health care charges for services your health plan doesn't cover.

Premium

The amount you pay every month to maintain your health care coverage.

Preventive care

Routine health care that includes screenings, checkups and patient counseling to prevent illnesses, diseases or other health problems.

Primary care physician (PCP)

A doctor who gives or coordinates health care services for a patient. A PCP can be a medical doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.).

Subscriber

The name of the primary member.

Telehealth

Health care services provided remotely by phone, mobile app, web, or other tool rather than in-person.

English
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711). For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

Arabic
خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المبين على بطاقتك أو الاتصال بالرقم الفرعي لخطة الأفراد والعائلة: 1-800-839-2172 (TTY: 711). للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: 1-888-926-4988 (TTY: 711) أو المشروعات الصغيرة 1-888-926-5133 (TTY: 711). لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم 1-800-522-0088 (TTY: 711).

Armenian
Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝ 1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆորնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի Խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 հեռախոսահամարով (TTY՝ 711):

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 दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

Hmong
Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntawv rau koj ua koj hom lus hais. Txhawm rau pab, hu xovtooj rau Neeg Qhua Lub Chaw Tiv Toj ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Kev Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (TTY: 711).

Japanese
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。

Khmer
សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (TTY: 711)។

Korean
무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로 고객서비스 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

Navajo
Doo bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóot'ı́ı́ł. Naaltsoos da t'áá shí shizaad k'ehjí shichı́' yídooltah nínízingo t'áá ná ákódoolníłł. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyéhíjı́' hodíílnih ninaaltsoos nanitingo bee néého'dolzinígíí hodoonihjı́' bikáá' éí doodago kojı́' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojı́' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojı́' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojı́' hólne' 1-800-522-0088 (TTY: 711).

Persian (Farsi)
خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برایتان خوانده شوند. برای دریافت کمک، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (IFP) Off Exchange به شماره: 1-800-839-2172 (TTY:711) تماس بگیرید. برای بازار کالیفرنیا، با IFP On Exchange شماره 1-888-926-4988 (TTY:711) یا کسب و کار کوچک 1-888-926-5133 (TTY:711) تماس بگیرید. برای طرح های گروهی از طریق Health Net، با 1-800-522-0088 (TTY:711) تماس بگیرید.

Panjabi (Punjabi)
ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਔਨ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੌਲ ਬਿਜ਼ਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੈਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian
Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

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
Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

Thai
ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โหมด TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โหมด TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โหมด TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โหมด TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017549EH00 (12/17)

Now is the time to choose Ambetter from Health Net!

- We will help you look at your choices.
- We can tell you if you can get low-cost or no-cost health coverage.
- We can help you sign up. We have licensed, certified, plan-based enrollers who can assist you over the phone.

The 2027 enrollment period begins November 1, 2026, and ends on January 31, 2027.

Call Health Net at 877-609-8711.

Assistance for the hearing and speech impaired

TTY users call 711.

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