

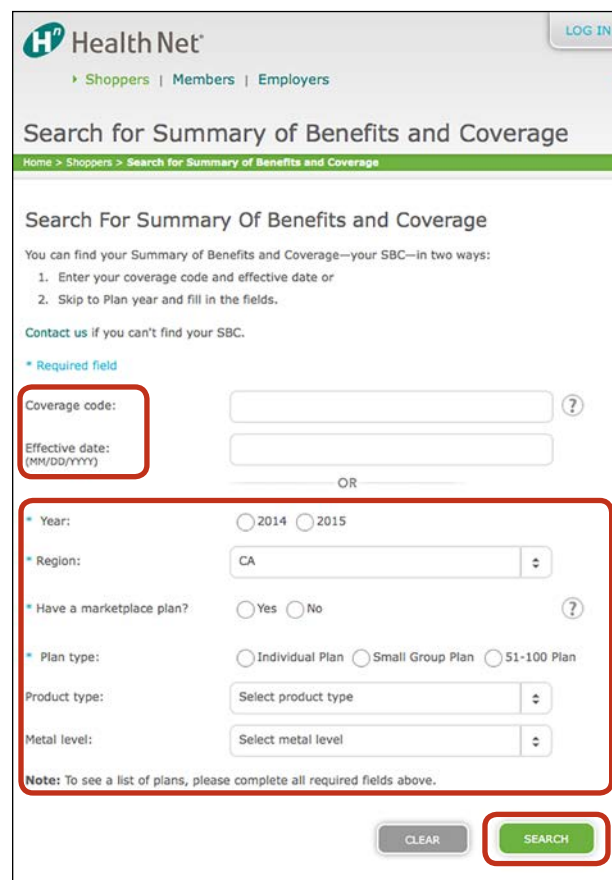
Summary of Benefits and Coverage (SBC)

Find plan information fast

Choosing a health coverage option is an important choice. The SBCs clearly outline coverage options and can help you make an informed decision. From this page you can access and download your SBC forms for your plan.

To search for an SBC

- 1 Go to **www.healthnet.com/sbc**
- 2 Enter the coverage code and effective date,
Or
- 3 Provide the required information in
the fields highlighted.
- 4 Click **Search**.



(continued)

- 5 Click *View Your Document* to view the SBC.

Health Net

Shoppers | Members | Employers

ProviderSearch | En Español | California | 中文

Summary of Benefits and Coverage

Home > Shoppers > Summary of Benefits and Coverage

SEARCH AGAIN

Summary Of Benefits and Coverage Search Results

Search Criteria
Coverage Code: 2DQY
Effective Date: 01/01/2014
Summary Of Benefits and Coverage Documents you requested are available in the PDF format below.

English

5 View Your Document

A Uniform Glossary document has been created to use when reading the Summary of Benefits and Coverage [Download the Uniform English Glossary \(220k PDF\)](#)

6 Additional Resources

[Search for a different plan SBC](#)
[Contact Us](#)

- 6 Need to look up more than one SBC? Click *Search for a different plan SBC* to download.

Health Net of CA: ELECT Open Access 9UZ

Coverage Period: 07/01/2014-06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Members Plan Type: POS

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.healthnet.com or by calling 1-800-522-0088.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$0.	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	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.
Is there an out-of-pocket limit on my expenses?	Yes. HMO- \$2,000 member / \$4,000 two-party / \$6,000 family. PPO- \$6,350 member / \$12,700 two-party and family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums, Rx costs, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers ?	Yes. For a list of preferred providers , see www.healthnet.com or call 1-800-522-0088.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	Yes. HMO network only. Requires written prior authorization.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call the number on your Health Net ID card (current members) or 1-800-522-0088 or visit us at www.healthnet.com.
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov> or call 1-800-522-0088 or the number on your Health Net ID card to request a copy.

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