



[HP\_RETURN\_ADDRESS]  
[HP\_RETURN\_CITY\_STATE\_ZIP]

[Dateofrun]

[FirstName] [LastName]  
[Address1]  
[Address2]  
[City] [State] [Zip]

Member ID: [Subscriber\_ID]

### Your Out-of-Pocket Maximum and Deductible Information

Dear [FirstName] [LastName],

Hello and thank you for choosing [HEALTH\_PLAN\_NAME] (Health Net). Your plan may have an annual deductible and Out-of-Pocket Maximum (OOPM). OOPM is the most you will pay for covered services during a particular benefit year, with some exceptions. The exceptions are noted in the Out-of-Pocket Maximum section of your health plan coverage document. Also, the OOPM does not apply to your premium or costs for any services your health plan does not cover.

Please note, if there are any changes to previously processed claims, it may result in a change to whether or not you have met your OOPM. Please see below for your accrual balance towards your in-network and out-of-network OOPM and deductible as of [Dateofrun], if applicable.

Medical Benefits Plan Summary for [PlanYear]		
	Amount Accrued YTD	Max Amount
In Network Individual Deductible	<TIER2_DEDUCTIBLE_Paid></TIER2_DEDUCTIBLE_Paid>	<TIER2_DEDUCTIBLE_Limit></TIER2_DEDUCTIBLE_Limit>
In Network Individual OOPM	<TIER2_OOPM_Paid></TIER2_OOPM_Paid>	<TIER2_OOPM_Limit></TIER2_OOPM_Limit>
In Network Family Deductible	<TIER2_DEDUCTIBLE_Family_Paid></TIER2_DEDUCTIBLE_Family_Paid>	<TIER2_DEDUCTIBLE_Family_Limit></TIER2_DEDUCTIBLE_Family_Limit>
In Network Family OOPM	<TIER2_OOPM_Family_Paid></TIER2_OOPM_Family_Paid>	<TIER2_OOPM_Family_Limit></TIER2_OOPM_Family_Limit>
PPO Annual Chiropractic Deductible	<TIER2_CHIROPRACTIC_DEDUCTIBLE_Paid></TIER2_CHIROPRACTIC_DEDUCTIBLE_Paid>	<TIER2_CHIROPRACTIC_DEDUCTIBLE_Limit></TIER2_CHIROPRACTIC_DEDUCTIBLE_Limit>
OON Individual Deductible	<TIER3_DEDUCTIBLE_Paid></TIER3_DEDUCTIBLE_Paid>	<TIER3_DEDUCTIBLE_Limit></TIER3_DEDUCTIBLE_Limit>
OON Individual OOPM	<TIER3_OOPM_Paid></TIER3_OOPM_Paid>	<TIER3_OOPM_Limit></TIER3_OOPM_Limit>
OON Family Deductible	<TIER3_DEDUCTIBLE_Family_Paid></TIER3_DEDUCTIBLE_Family_Paid>	<TIER3_DEDUCTIBLE_Family_Limit></TIER3_DEDUCTIBLE_Family_Limit>

We are here to answer any questions you have about your health coverage. You can also obtain the most up-to-date accrual balance on your Deductible accumulation or request that your accrual balance be sent to you by email by calling the Customer Contact Center at the telephone number on your ID card.

EOBs for pharmacy are provided by Caremark/CVS.

Thank you again for choosing Health Net. We are proud to be a part of your health coverage team.

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