

Maximum Notification

Use this form to record the copayments you have paid during the year for services delivered to you and members of your family.

Copayments may be required for certain authorized services as indicated in your Evidence of Coverage booklet (EOC). There is a maximum amount of copayments which you are required to pay each calendar year. This is called our out-of-pocket maximum (OOPM).

Refer to your EOC to determine the OOPM applicable to your type of contract: one member, two members or a family contract. If you change contract type during the year (e.g., change from a one-member to a two-member contract), copayments made under the previous contract will apply toward your maximum under the new contract type. When determining your OOPM, drug copayments and costs for non-covered services do not apply. Please refer to your EOC for other services which may not be applicable to the OOPM.

An individual member, regardless of the contract type, will only be required to satisfy a one-member copayment maximum per calendar year. No additional copayments are required for a member as of the date he or she satisfies the member-level maximum copayment liability. A family-level OOPM is satisfied by accumulation of all family members' copayments. These OOPMs are illustrated in the examples on the back of this form.

It is your responsibility to maintain records to validate when your OOPM is reached. Attach all receipts, copies of cancelled checks and a copayment history report that your doctor's office can provide for these copayments to this form.

As soon as you reach your maximum for this year, fill out the subscriber information requested below and mail a copy of this form and copies of your proof of payments to the address below.

Health Net

Attn: Claims

PO Box 9103

Van Nuys, CA 91409-9103

(continued)

Subscriber information

Subscriber ID #:	Last name:	First name:	MI:
Residence address:			
City:	State:	ZIP:	
Subscriber medical group:	Certificate #:	Group #:	

Record of expenses

Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
Illness or diagnosis:	Description of services rendered:		
Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
Illness or diagnosis:	Description of services rendered:		
Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
Illness or diagnosis:	Description of services rendered:		
Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
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Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
Illness or diagnosis:	Description of services rendered:		
Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
Illness or diagnosis:	Description of services rendered:		
Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
Illness or diagnosis:	Description of services rendered:		

¹Provider of service may include hospital, doctor, lab, ambulance, etc.

(continued)

Subscriber information

Subscriber ID #:	Last name:	First name:	MI:
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Record of expenses

Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
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Illness or diagnosis:	Description of services rendered:
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Date of service: 	Patient name:	Provider of service ¹ :	Copayment:
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Illness or diagnosis:	Description of services rendered:
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¹Provider of service may include hospital, doctor, lab, ambulance, etc.

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The following are examples of the member-level and family-level out-of-pocket (OOPM) calculations.

Example 1

The Jones family is a five-member family. They have paid the following amounts in copayments in a calendar year:

Member	Copayments	
Member A	\$1,000	Member-level OOPM = \$1,500
Member B	\$60	Family-level OOPM = \$4,500
Member C	\$1,500	As of the date that the member-level OOPM (\$1,500) is satisfied by members C and D, no additional copayments will be required from these members for the remainder of the calendar year.
Member D	\$1,500	
Member E	\$440	
Total amount paid by this family=	\$4,500	As of the date that the family-level OOPM is satisfied (\$4,500), no additional copayments will be required from any member of the family for the remainder of the calendar year.

Example 2

The Smith family is a four-member family. They have paid the following amounts in copayments in a calendar year:

Member	Copayments	
Member A	\$1,400	Member-level OOPM = \$1,500
Member B	\$1,300	Family-level OOPM = \$4,500
Member C	\$1,200	As of the date that the family-level OOPM is satisfied (\$4,500), no additional copayments will be required from any member of the family for the remainder of the calendar year.
Member D	\$600	
Total amount paid by this family=	\$4,500	

Example 3

The Johnson family is a five-member family. They have paid the following amounts in copayments in a calendar year:

Member	Copayments	
Member A	\$1,500	Member-level OOPM = \$1,500
Member B	\$0	Family-level OOPM = \$4,500
Member C	\$1,500	As of the date that the member-level OOPM (\$1,500) is satisfied by members C and D, no additional copayments will be required from these members for the remainder of the calendar year.
Member D	\$1,500	
Member E	\$0	
Total amount paid by this family=	\$4,500	As of the date that the family-level OOPM is satisfied (\$4,500), no additional copayments will be required from any member of the family for the remainder of the calendar year.