

## SUBSCRIBER OOPM NOTIFICATION LETTER

(Current Date)

(Inside Address)

Dear \_\_\_\_\_:

We have reviewed your out-of-pocket maximum claim and have determined that you met your out-of-pocket maximum of \$ \_\_\_\_\_ for 20 \_\_\_\_\_ on \_\_\_\_\_.

If you have paid copayments for professional services in excess of the maximum required, reimbursement should be refunded to you by your participating physician group (PPG). If you have paid copayments for hospital admissions in excess of the maximum required, you will receive reimbursement from Health Net of California.

If your contract should change during the year, you will be responsible for the additional copayment amount up to the maximum of the new contract. If you have any questions, please call Health Net Member Services at (818) 719-6800 or (800) 522-0088.

Sincerely,

Health Net