



Health Net Life Insurance Company
 PO Box 9103
 Van Nuys, CA 91409-9103



FOR **SMALL
 BUSINESS**

«GRP_NAME»
 «ADDR_LINE_1»
 «ADDR_LINE_2» «SUITE»
 «CITY», «STATE» «ZIP_CODE»-«ZIP_CODE_4»

«Mail_Date»

Policyholder ID:
 «PHID»

YOUR UPCOMING HEALTH COVERAGE RENEWAL: CHANGES, PLAN CLOSURES AND CHOICES

Dear «ADDR_LINE_1»,

Thanks once again for choosing health coverage from Health Net Life Insurance Company (Health Net). We’re proud to partner with you to help support the health of your employees – and the health of your business.

Although your renewal date is a few months away, we want to give you a head’s up about some changes we’ve made to Health Net’s 2022 coverage choices offered through Covered California for Small Business (CCSB).

Plan closures effective «Effective_Date»

After careful consideration, Health Net is closing the following plans, including the plan(s) you have with us now.

- Health Net Gold 80 Value PPO 750/15 + Child Dental Alt
- Health Net Silver 70 Value PPO 1700/50 + Child Dental Alt
- Health Net EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt
- Health Net EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt
- Health Net EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt
- Health Net EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt

(continued)

2022 CCSB plans available upon renewal – availability varies by county

Our CCSB portfolio of health plans continues to offer a variety of PPO insurance plans to fit the needs of you and your employees.

- Platinum 90 PPO 0/15 + Child Dental
- Gold 80 PPO 350/25 + Child Dental
- Gold 80 PPO 0/30 + Child Dental Alt
- Gold 80 PPO 1000/30 + Child Dental Alt
- Silver 70 PPO 2250/50 + Child Dental
- Silver 70 PPO 2250/55 + Child Dental Alt
- Silver 70 HDHP PPO 1400/40% + Child Dental Alt
- Bronze 60 PPO 6300/65 + Child Dental
- Bronze 60 HDHP PPO 7000/0% + Child Dental

Covered California will send you renewal information at least 60 days before your current plans expire. Please contact Covered California regarding enrollment deadlines in order to avoid a gap in coverage.

Impacted employees qualify for a 60 day Special Enrollment Period (SEP) due to loss of coverage. The SEP ends on «SEP_Date». If they do not enroll in a new plan by that date, they will have to wait until the next open enrollment period to obtain health coverage, unless they experience a qualifying life change for another SEP.

The fine print

Health Net Life Insurance Company has filed with the California Department of Insurance to withdraw the PPO insurance plans listed on the first page from the market. This letter provides you with the required prior notice of discontinuance of your plan on your next renewal date. Included with this notice is a copy of the letter we'll be sending to your employees about this coverage change. Depending on the type of health plan you offer to your employees, they may be able to continue seeing their current medical providers for a limited time under the new health plan.

We appreciate your business and thank you for making us your trusted health coverage partner. For more information about Health Net's Small Business Group plans, please call your broker or Health Net at 1-800-447-8812, option 2.

Sincerely,



Chris Patton
Vice President
Small Business Group Sales

Health Net PPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net Life Insurance Company is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. Covered California is a registered trademark of the State of California. All rights reserved.



Health Net Life Insurance Company
PO Box 9103
Van Nuys, CA 91409-9103



FOR SMALL
BUSINESS

Important: Your group health coverage will not be available «Next_This» year.

Dear «ADDR_LINE_1»,

We have decided not to offer your group's current health coverage again «Next_This» year. The current coverage will end on «Last_Day_of_Coverage». This means **you may need to choose a new plan for your group members to have health insurance coverage**. This letter explains the options available to you.

Options from Health Net Life Insurance Company

You can choose any other Health Net Covered California for Small Business small group coverage available in your area. Call Covered California or call Health Net at 1-800-447-8812, option 2, or visit www.healthnet.com to learn about plans available to you.

What other options do I have?

- You may be able to choose a new health plan, or offer your employees a choice of plans, through different insurance companies, through the California Health Benefit Exchange (Covered California™).
- You can choose to buy a new health plan outside Covered California – directly from an insurance company or with the help of an agent or broker. But remember: If you're eligible for a small business health care tax credit, you usually can get that credit **only** if you buy a plan through Covered California.

What else should I look at before deciding?

Call or visit the plan's website to check which doctors, other health care providers, and prescription medications are covered by the plan. This is an important step when choosing a plan that meets the needs of your group members.

When do I need to make a decision?

You generally can buy coverage anytime. If group members enroll by the 15th of the month, coverage can begin on the 1st of the following month.

(continued)

We are notifying your employees

Federal law requires that we notify all group members with this coverage that it is no longer being offered. Because we might not know about other coverage decisions you have made, we'll tell your employees to check with the plan sponsor or administrator about coverage options that might be available through your organization.

Questions?

- Call Health Net at 1-800-447-8812, Monday through Friday, from 9:00 a.m. to 5:00 p.m. Select option 2.
- Visit CoveredCA.com or call Covered California at 1-877-453-9198 to learn more about Covered California.
- Call your agent or broker.

Getting help in other languages

Spanish (Español): Para obtener asistencia en Español, llame al Health Net at 1-800-447-8812.

Chinese (中文)：如需中文協助，請致電 1-800-447-8812。



Health Net Life Insurance Company
PO Box 9103
Van Nuys, CA 91409-9103



FOR SMALL
BUSINESS

[Date]

EMPLOYEE NAME
EMPLOYEE ADDRESS
CITY, STATE ZIP

Subscriber ID:

Important information about your current health coverage

Dear EMPLOYEE NAME,

Hello and thank you for choosing health coverage from Health Net Life Insurance Company (Health Net). Having health insurance is very important, so we want you to know about a pending change that affects your coverage. Rest assured, coverage options will still be available to you.

What's changing

Health Net is closing these Health Net Life Insurance Company plans:

- Health Net Gold 80 Value PPO 750/15 + Child Dental Alt
- Health Net Silver 70 Value PPO 1700/50 + Child Dental Alt
- Health Net EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt
- Health Net EnhancedCare Gold 80 PPO 1000/30 + Child Dental Alt
- Health Net EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt
- Health Net EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt

The plan you have now is one that we're closing.

Health Net Life Insurance Company has filed with the California Department of Insurance for approval to withdraw certain PPO plans from the market. This letter is the "prior notice of discontinuance" of your plan as of your plan's next renewal date. Your last day of coverage on your plan is «Last_Day_of_Coverage».

(continued)

Your health coverage choices effective «Effective_Date»

- **You can enroll in a health plan offered by your employer.** Your employer is reviewing your health care coverage options for 2022, including other Health Net plans. You will get information from your employer soon. Please check with your employer regarding enrollment deadlines. Depending on the type of health plan you choose, you might be able to continue seeing your current medical providers for a limited time under the new health plan. If your health plan or insurer changes please check with them for details.
- **Special Enrollment Period (SEP).** Because your existing coverage is no longer being offered, you also qualify for a 60 day Special Enrollment Period (SEP) due to loss of coverage. The SEP ends on «SEP_Date». If you do not enroll in a new plan by that date, you will have to wait until the next open enrollment period to obtain health coverage, unless you experience a qualifying life change for another SEP.

More information about health coverage choices through Covered California is included with this letter. Note that loss of employer coverage qualifies for a Special Enrollment Period.

Thanks again for choosing Health Net. We hope to be part of your health coverage team again «Next_This» year!

Sincerely,



Chris Patton
Vice President
Small Business Group Sales

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**NOTICE OF RIGHT TO REVIEW BY THE CALIFORNIA
INSURANCE COMMISSIONER**

You may request a review by the California Insurance Commissioner if you believe your health insurance policy or coverage has been or will be wrongly canceled, rescinded or not renewed. To do so, you must, as soon as possible, submit your request for review in writing to:

- California Department of Insurance, Consumer Communications Bureau, 300 S. Spring Street, South Tower, Los Angeles, California, 90013 or through the website at <http://www.insurance.ca.gov>/<http://www.insurance.ca.gov>.
- Contact the California Insurance Commissioner's Consumer Communications Bureau at 1-800-927-HELP (4357) or TDD 1-800-482-4833 for information about how to request a review in writing.

Please provide the Department with your health insurance policy number, copies of any letters you have received from us or a copy of your health insurance card.

Timing – how to avoid cancellation while your request is being reviewed

- You have 30 days from the date we sent this notice to you to request a review by the commissioner in order to ensure that we are required to provide you health insurance coverage while your request for review is being evaluated.
- To ensure that your coverage is continued without interruption, however, you must request a review by the commissioner before your coverage ends.
- Even if more than 30 days have passed since we sent this notice, we must continue your coverage while your request is being evaluated, as long as you request the review by the commissioner at a time when your coverage is still in effect.
- Regardless of whether or not we are required to provide you health insurance coverage while your request for review is being evaluated, the commissioner will order us to reinstate your coverage, retroactive to the time of cancellation, rescission or nonrenewal, if the commissioner determines that your request for review is a proper complaint and, ultimately, that the cancellation, rescission, or nonrenewal was unlawful.

WARNING:

- You must continue to pay your insurance premiums on time in order to maintain coverage, and
- If your coverage is reinstated retroactively you will be responsible for paying insurance premiums corresponding to any gap in coverage between the time your coverage was terminated and the time it was continued or reinstated.

Your Health Insurance Choices Are Different

BECAUSE OF FEDERAL LAW, YOU HAVE DIFFERENT HEALTH INSURANCE CHOICES THAT MAY SAVE YOU MONEY

Starting in January 2014, you cannot be denied health insurance because you have health problems or a pre-existing condition, and your health insurance premiums cannot be based on your health status. You may also qualify for low-cost or free health insurance for yourself or your dependents.

You may qualify for free or low-cost health insurance

✓ Covered California

You can buy health insurance through Covered California. The State of California set up Covered California to help people and families, like you, find affordable health insurance. You can use Covered California if you do not have insurance through your employer or Medicare.

You must apply during an open or special enrollment period. Open enrollment begins November 1 and ends January 31. If you have a life change, such as marriage, divorce, a new child, or loss of a job, you can apply during a special enrollment period.

Through Covered California, you may also get help paying for your health insurance:

- **Receive tax credits:** You can use your tax credit to help pay your monthly premium.
- **Reduce your out-of-pocket costs:** Out-of-pocket costs are how much you pay for things like going to the doctor or hospital, or getting prescription drugs.

To qualify for help paying for insurance, you must:

- Meet certain household income limits.
- Be a U.S. citizen, U.S. national or be lawfully present in the U.S.
- Other rules and requirements apply.

✓ Medi-Cal Is Changing, Too

Free or low-cost health insurance is available through Medi-Cal. Medi-Cal is California's health care program for people with low incomes. Starting in 2014, you can get Medi-Cal if: Your are less than 65 years old; Your income is low; You are a U.S. citizen, U.S. national or lawfully present in the U.S.

Your eligibility is based on your income. It is not based on how much money you have saved or if you own your own home. You do not have to be on public assistance to qualify for Medi-Cal. You can apply for Medi-Cal anytime.

To qualify for Medi-Cal if you are over 65, disabled or a refugee, other rules and requirements apply.

✓ Medicare

If you are eligible for the Medicare program you should examine your options carefully, as delaying Medicare enrollment may result in substantial financial implications. You can obtain enrollment advice or enroll in Medicare in the following ways: call or visit your county social services office, or visit www.medicare.gov.

For more information

To learn more about Covered California or Medi-Cal, visit www.CoveredCA.com or call **800-300-1506**. You can also call or visit your county human services office.

Nondiscrimination Notice

Health Net Life Insurance Company (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

HEALTH NET:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Group Plans through Health Net 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Covered Persons) or

Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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: (TTY: 711) 1-800-839-2172. للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: (TTY: 711) 1-888-926-4988 أو المشروعات الصغيرة (TTY: 711) 1-888-926-5133. لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم (TTY: 711) 1-800-522-0088.

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 सेवारं। 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 ntauv 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 សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអភិវឌ្ឍន៍ចំនួនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក 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 고객센터 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 bą́ąh ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóot'íjį́. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídooltaah nínízingo t'áá ná ákódoolnííł. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyéhíjį́' hodíílnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kojį́' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojį́' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojį́' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojį́' 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 (TTY:711) 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 ਸਮੋਲ ਬਿਜਨੇਸ 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 คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรมา TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรมา TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรมา TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรมา 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

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