



Health Net®

Health Net of California, Inc.
Health Net Life Insurance Company
PO Box 9103
Van Nuys, CA 91409-9103

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

[September 27, 2019]

Policyholder ID:
«PHID»

Your upcoming health coverage renewal: changes, plan closures and choices

Dear [Group Adminn],

Thanks once again for choosing health coverage from Health Net of California, Inc. and/or Health Net Life Insurance Company (Health Net). We're proud to partner with you to 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 and your coverage choices for 2020.

Plan closures effective January 1, 2020

Health Net is replacing a few plans, including the plan(s) you have with us now, with similar new plan options for 2020. Our refreshed portfolio of health plans is thoughtfully designed to fit the evolving needs of you and your employees.

We are closing these Health Net Life Insurance Company insurance plans:

- Silver 70 Value PPO 1700/30 + Child Dental Alt
- Silver 70 HDHP PPO 1350/40 + Child Dental Alt
- EnhancedCare Silver 70 Value PPO 1700/30 + Child Dental Alt
- EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt

We are also closing the following Health Net of California, Inc. plans:

- CommunityCare HMO Gold \$5
- CommunityCare HMO Silver \$20
- CommunityCare HMO Bronze \$45

(continued)

Mark your calendar to make your plan selection by January 1, 2020

We will send you a renewal package at least 60 days before your current plans expire. It will include detailed information about our plan offerings and corresponding rates.

We'll include the plan(s) most similar to the one you have now. You'll be able to move to that plan, and Health Net will begin the process to place you in that new plan before your renewal date.

Impacted employees qualify for a 60 day Special Enrollment Period (SEP) due to loss of coverage. The SEP ends on March 1, 2020. 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.

Health Net discontinued plans will be mapped to the 2020 plans as follows:

2019 Health Net Plan (Discontinued)	2020 Health Net Plan
Silver 70 Value PPO 1700/30 + Child Dental Alt	Silver 70 Value PPO 1700/50 + Child Dental Alt
Silver 70 HDHP PPO 1350/40 + Child Dental Alt	Silver 70 HDHP PPO 1400/40% + Child Dental Alt

EnhancedCare Silver 70 Value PPO 1700/30 + Child Dental Alt	EnhancedCare Silver 70 Value PPO 1700/50 + Child Dental Alt
EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt	EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt

CommunityCare HMO Gold \$5	CommunityCare HMO Silver \$50
CommunityCare HMO Silver \$20	CommunityCare HMO Silver \$50
CommunityCare HMO Bronze \$45	CommunityCare Bronze 60 HMO 6300/65 + Child Dental

Of course, you can work with your broker or Health Net directly to select among our other options. To avoid a gap in coverage, please make a plan selection by December 15, 2019.

(continued)

2020 plan choices – simplified, sustainable, and small business-focused

We regularly evaluate our offerings to ensure we deliver an optimal balance of value and stability. Our refreshed 2020 portfolio of health plans is created to fit the evolving needs of you and your employees.

2020 Health Net Small Business Group Plans

Note: Availability varies by county.

Health Net of California, Inc.	Health Net Life Insurance Company
HMO Network plans <ul style="list-style-type: none"> • Platinum \$10 • Platinum \$20 • Platinum \$30 • Gold \$30 • Gold \$35 • Gold \$40 • Gold \$50 • Silver \$50 <p>These plans are available with a choice of the Full Network HMO, WholeCare HMO, SmartCare HMO, or Salud HMO y Más networks.</p>	Full PPO network plans <ul style="list-style-type: none"> • Platinum 90 PPO 0/15 + Child Dental • Platinum 90 PPO 250/15 + Child Dental Alt • Gold 80 PPO 0/30 + Child Dental Alt • Gold 80 PPO 250/25 + Child Dental • Gold 80 PPO 500/20 + Child Dental Alt • Gold 80 PPO 1000/30 + Child Dental Alt • Gold 80 Value PPO 750/15 + 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 • Silver 70 Value PPO 1700/50 + Child Dental Alt • Bronze 60 PPO 6300/65 + Child Dental • Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
CommunityCare HMO network plans <ul style="list-style-type: none"> • Silver \$50 • Bronze 60 HMO 6300/65 + Child Dental 	EnhancedCare PPO network plans <ul style="list-style-type: none"> • Platinum 90 PPO 250/15 + Child Dental Alt • Gold 80 PPO 0/30 + Child Dental Alt • Gold 80 PPO 500/20 + Child Dental Alt • Gold 80 PPO 1000/30 + Child Dental Alt • Gold 80 Value PPO 750/15 + Child Dental Alt • Silver 70 PPO 2250/55 + Child Dental Alt • Silver 70 HDHP PPO 1400/40% + Child Dental Alt • Silver 70 Value PPO 1700/50 + Child Dental Alt • Bronze 60 HDHP PPO 5600/20% + Child Dental Alt
PureCare HSP network plans <ul style="list-style-type: none"> • Platinum 90 HSP 0/15 + Child Dental • Gold 80 HSP 250/25 + Child Dental • Silver 70 HSP 2250/50 + Child Dental • Bronze 60 HSP 6300/65 + Child Dental 	

Health Net has Enhanced Choice A and Enhanced Choice B packages, so you have the choice to offer multiple plan pairings to your employees.

(continued)

Other options

If your group qualifies as a small business group, you and your employees may enroll in coverage through Covered California™ without medical underwriting. As an employer, you can enroll in any small employer plans offered through Covered California for a January 1, 2020, effective date. Similarly, your employees will have an opportunity to enroll in any Individual & Family health plans offered through Covered California for a January 1, 2020, effective date. You will be able to obtain this coverage through the Covered California website at www.CoveredCA.com.

You don't have to take action now. You'll soon receive your renewal package from Health Net that will have all the information you need!

The fine print

Health Net of California, Inc. has filed with the Department of Managed Health Care for regulatory approval to withdraw from the market the HMO plans listed on page 1 of this letter and to offer replacement benefit designs. Health Net Life Insurance Company has filed with the California Department of Insurance to withdraw the PPO insurance plans listed on page 1 of this letter from the market and to offer replacement plans. All HMO and PPO plan filings are pending regulatory approval.

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. Also included is the notice required by the Centers for Medicare & Medicaid Services (CMS), which contains additional information about obtaining coverage through Covered California™ for Small Business (formerly the Small Business Health Options Program, or SHOP).

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're here for you and your employees

We appreciate your business and thank you for making us your trusted health care 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,



Ernie Bernal
Vice President
IFP & Small Business Group Sales

Health Net HMO and HSP plans are offered by Health Net of California, Inc. Health Net PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries 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®

Health Net of California, Inc.
Health Net Life Insurance Company
PO Box 9103
Van Nuys, CA 91409-9103

Important: Your group health coverage will not be available next year.

Dear [Group Admin],

We have decided not to offer your group's current health coverage again next year. The current coverage will end on December 31, 2019. 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 of California, Inc. and Health Net Life Insurance Company You can choose any other small group coverage offered by Health Net of California, Inc. and/or Health Net Life Insurance Company (Health Net). Call 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™). If you have fewer than 25 full-time-equivalent employees, you might qualify for a small business health care tax credit if you buy insurance through 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®

Health Net of California, Inc.
Health Net Life Insurance Company
PO Box 9103
Van Nuys, CA 91409-9103

[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 of California, Inc. or 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 (for the purpose of this letter, “coverage” refers to the amount of protection given by your insurance policy). Rest assured, coverage options will still be available to you.

What’s changing

Health Net is closing these Health Net Life Insurance Company plans and replacing them with updated versions:

- Silver 70 Value PPO 1700/30 + Child Dental Alt
- Silver 70 HDHP PPO 1350/40 + Child Dental Alt
- EnhancedCare Silver 70 Value PPO 1700/30 + Child Dental Alt
- EnhancedCare Silver 70 HDHP PPO 1350/40 + Child Dental Alt

We are also closing these Health Net of California, Inc. plans and will be offering new plan options:

- CommunityCare HMO Gold \$5
- CommunityCare HMO Silver \$20
- CommunityCare HMO Bronze \$45

The plan you have now is one that we’re closing and updating.

Health Net of California, Inc. has filed with the Department of Managed Health Care for approval to withdraw certain HMO plans from the market and to offer replacement plans. Health Net Life Insurance Company has filed with the California Department of Insurance for approval to withdraw certain PPO plans from the market and to offer replacement plans. 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 December 31, 2019.

(continued)


Your health coverage choices effective January 1, 2020

- **You can enroll in a health plan offered by your employer.** Your employer is reviewing your health care coverage options for 2020. Please check with your employer regarding enrollment deadlines. Depending on the type of health plan your employer offers, you might be able to continue seeing your current medical providers for a limited time under the new health plan. Please check with your new health plan or insurer 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 March 1, 2020. 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 year!

Sincerely,



Ernie Bernal
Vice President
IFP & Small Business Group Sales

Health Net HMO and HSP plans are offered by Health Net of California, Inc. Health Net EPO and PPO plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries 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 of California, Inc. and/or
Health Net Life Insurance Company (Health Net)

Your health insurance choices are changing. You may qualify for free or low-cost health insurance.

You may be able to stay with Health Net. You also have other choices. These may save you money.

As of January 2014, you cannot be denied health insurance because you have health problems or a pre-existing condition. There are now options for low-cost or free health insurance for yourself or your dependents.

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, Medi-Cal or Medicare.

You must apply during an open or special enrollment period. Open enrollment begins October 15 and ends January 15. 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

Free health insurance is available through Medi-Cal. Medi-Cal is California's health care program for people with low incomes. As of 2014, you can get Medi-Cal if:

- You 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.

For more information

To learn more about Covered California or Medi-Cal, visit www.CoveredCA.com or call 1-800-300-1506. You can also call or visit your county social services office.

Right to Submit Request for Review of Cancellation, Rescission, or Nonrenewal of Your Plan Contract, Enrollment, or Subscription

If you believe your plan coverage has been, or will be, improperly canceled, rescinded or not renewed, you have the right to file a Request for Review.

You have the options of going to the plan and/or the Department if you do not agree with the plan decision to cancel, rescind or not renew your plan coverage.

Option (1) You may submit a Request for Review to your plan.

- You may submit a Request for Review to Health Net of California, Inc. (Health Net) by calling 1-800-522-0088. If you enrolled with us via Covered California, please call us at 1-888-926-4988. Or, you can mail your written Request for Review to:

Health Net
PO Box 10348
Van Nuys, CA 91410-0348

- You may want to submit your Request for Review to Health Net first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Requests for Review should be submitted as soon as possible after you receive the Notice of Cancellation, Rescission, or Nonrenewal.
- Health Net will resolve your Request for Review or provide a pending status within three (3) days. If the plan upholds your cancellation, rescission or nonrenewal, it will immediately transmit your Request for Review to the Department of Managed Health Care, and you will be notified of the plan's decision and your right to also seek a further review of the plan's decision by the Department as detailed under Option 2 below.

Option (2) You may submit a Request for Review to the Department of Managed Health Care.

- You may submit a Request for Review directly to the Department of Managed Health Care without first submitting it to the plan or after you have received the plan's decision on your Request for Review.
- Requests for Review by the Department of Managed Health Care may be submitted: By

mail:
HELP CENTER
DEPARTMENT OF MANAGED HEALTH CARE 980
NINTH STREET, SUITE 500
SACRAMENTO, CALIFORNIA 95814-2725

By phone:
1-888-466-2219
TDD: 1-877-688-9891
Fax: (916) 255-5241

ONLINE: WWW.HEALTHHELP.CA.GOV

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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.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do 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:

Individual & Family Plan (IFP) Members On Exchange/Covered California 1-888-926-4988 (TTY: 711)

Individual & Family Plan (IFP) Members Off Exchange 1-800-839-2172 (TTY: 711)

Individual & Family Plan (IFP) Applicants 1-877-609-8711 (TTY: 711)

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 of California, Inc./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 (Members) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/ Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: 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: 1-800-839-2172 (TTY: 711). للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: 1-888-926-4988 (TTY: 711) أو المشروعات الصغيرة 1-888-926-5133 (TTY: 711). لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم 1-800-522-0088 (TTY: 711).

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): Կալիֆոռնիայի 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 सेवाएं। 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 ntawv 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 សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអភិវឌ្ឍន៍សេវាសាធារណៈដែលមាននៅលើបណ្តាញសម្គាល់ខ្លួនរបស់លោកអ្នក 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 bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádídóot'íjł. Naaltsoos da t'áá shí shizaad k'ehjí shichí' yídooltah nínízingo t'áá ná ákódoolníít. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyé'híjł' hodíílnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihjł' bikáá' éí doodago kojł' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojł' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojł' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojł' 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: 1-800-839-2172 (TTY: 711) تماس بگیرید. برای بازار کالیفرنیا، با IFP On Exchange شماره 1-888-926-4988 (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 ਸਮੇਲ ਬਿਜ਼ਨੇਸ 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 прочесть 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 คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรฟรี TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรฟรี TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรฟรี TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรฟรี 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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