



Health Net®

Health Net of California, Inc.
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Van Nuys, CA 91409-9103
A. Ortiz: CA-900-03-20

www.healthnet.com

June 1, 2015

«MBR_FIRST_NAME» «MBR_LAST_NAME»
«MBR_ADDR_LINE_1» «MBR_ADDR_LINE_2»
«MBR_CITY», «MBR_STATE» «MBR_ZIP»-«MBR_ZIP4»

Subscriber ID:
«RNUM»

Important information about your current health coverage

Dear «MBR_FIRST_NAME»«MBR_LAST_NAME»,

Hello and thank you for choosing health coverage from Health Net of California, Inc. (Health Net). Having health insurance is very important, so we want you to know about an upcoming change that affects your coverage.

What's changing

Health Net is closing some of our plans, including the one you have now. We are closing:

- Transitional Relief plans will be closed as of your renewal date. These are plans that employers were allowed to keep into 2015 even though they aren't compliant with all the Affordable Care Act (ACA) changes.
- WholeCare and Salud HMO y Más ACA-compliant plans that were in effect before 2015 will be closed as of your renewal date. We now offer refreshed versions of these popular plan types.

Health Net of California, Inc. has Department of Managed Health Care approval to withdraw certain HMO plans from the market and to offer replacement benefit designs. This letter is the required "prior notice of discontinuance" of your plan as of your next renewal date.

Your health coverage choices, effective September 1, 2015

- **You can enroll in a health plan offered by your employer.** Health Net has new plans available for the 2015–2016 coverage year that your employer is reviewing. You will get information about your plan options from your employer soon, so you can choose the coverage that fits your health and your life.

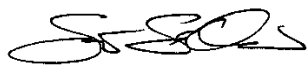
(continued)

- **You also have the choice to enroll in coverage through Covered California™.** In addition to coverage offered through your employer, you will have an opportunity to enroll in any individual and family health plan offered through the California Health Benefit Exchange (Covered California), without medical underwriting, for a September 1, 2015, effective date. You will be able to obtain this coverage through the Covered California website at www.CoveredCA.com.

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

Thanks again for choosing Health Net. We hope to be a part of your health coverage team again next year!

Sincerely,



Scott St. Clair
Chief Sales Officer, Western Region
Individual & Small Business Group

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

Because of changes in federal law, the health insurance you have today may be changing. You can 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 new 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 November 1, 2015, and ends January 31, 2016. 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 has changed

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.

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 us at the number listed on your ID card or call 800-522-0088. PPO members: for more help call the CA Dept. of Insurance at 1-800-927-4357. HMO members: call the DMHC Helpline at 1-888-HMO-2219.

English

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o llame al 800-522-0088. Afiliados a PPO: para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Afiliados a HMO: llame a la Línea de Ayuda del Departamento de Cuidado Médico (por sus siglas en inglés, DMHC) de California al 1-888-HMO-2219.

Spanish

免費語言服務。您可以取得口譯員服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。如需協助，請撥您會員卡上所列的電話號碼與我們聯絡，或撥 800-522-0088。PPO 會員：如需其他協助，請撥 California Department of Insurance 電話 1-800-927-4357。HMO 會員：請撥 DMHC 協助專線 1-888-HMO-2219。

Chinese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và người đọc giúp các tài liệu bằng ngôn ngữ của quý vị cho quý vị. Để được trợ giúp, vui lòng gọi cho chúng tôi theo số điện thoại ghi trên thẻ hội viên của quý vị hoặc gọi Trung tâm Liên lạc Hội viên của Health Net theo số 1-800-522-0088. Hội viên chương trình bảo hiểm PPO: để được trợ giúp bổ túc, vui lòng gọi Bộ Bảo hiểm của California theo số 1-800-927-4357. Hội viên chương trình bảo hiểm HMO: vui lòng gọi Đường dây trợ giúp của DMHC theo số 1-888-HMO-2219.

Vietnamese

무료 언어 지원 서비스. 무료 통역사 서비스 및 여러분에게 편한 언어로 서류 낭독 서비스를 받을 수 있습니다. 도움이 필요하신 분은 본인의 ID 카드상의 안내번호로 전화해 주시거나 Health Net의 고객센터 센터, 안내번호 1-800-522-0088번으로 전화해 주십시오. PPO 가입자: 보다 더 많은 도움이 필요하신 분은 캘리포니아 보험국 (CA Dept. of Insurance), 안내번호 1-800-927-4357번으로 문의하십시오. HMO 가입자: 보건관리부 (DMHC) 헬프라인, 1-888-HMO-2219번으로 문의하십시오.

Korean

Walang Gastusin na Mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter at basahin sa iyong wika ang mga dokumento. Para sa tulong, tawagan kami sa nakalisting numero sa iyong ID card o sa Customer Contact Center ng Health Net sa 1-800-522-0088. Mga miyembro ng PPO: para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Mga miyembro ng HMO: tawagan ang DMHC Helpline sa 1-888-HMO-2219.

Tagalog

Անվճար և եզրված Ծառայություններ: Դուք կարող եք բանավոր թարգման օժանդակ և փաստաթղթերը ընթերցել տալ Ձեր լեզվով: Օգնություն համար մեզ զանգահարեք Ձեր ինքնուսույն (ID) տոմսի վրա նշված համարով, կամ եթե գործատիրոջ խմբի դիմորդ եք, խնդրում ենք 1-800-522-0088 համարով զանգահարել Health Net-ի Հանրահարգի Կապի Կենտրոն: PPO անդամները Լրացուցիչ օգնություն համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրություն Բաժանմունք (CA Dept. of Insurance): HMO անդամները, 1-888-HMO-2219 համարով զանգահարեք DMHC-ի Օգնություն Գծին:

Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и вам могут прочесть документы на вашем языке. Если вам требуется помощь, звоните нам по номеру телефона, указанному на вашей идентификационной карте или в Контактный центр для клиентов компании Health Net (Customer Contact Center) по телефону 1-800-522-0088. Участники плана Организации с предпочтительными поставщиками услуг (Preferred Provider Organization, PPO): для получения дополнительной помощи звоните в Департамент страхования штата Калифорния (CA Dept. of Insurance) по номеру 1-800-927-4357. Участники плана Организации медицинского обеспечения (Health Maintenance Organization, HMO): звоните на телефон Горячей линии Департамента организованного медицинского обслуживания (DMHC Helpline) по номеру 1-800-HMO-2219.

Russian

無料の言語サービス。日本語の通訳が書類をお読みします。サービスをご希望の方は、IDカード記載の番号まで、またはHealth Netの顧客コンタクト・センター、1-800-522-0088までお電話ください。PPO加入者：その他のお問い合わせはカリフォルニア州保険庁、1-800-927-4357までご連絡ください。HMO加入者：カリフォルニア州管理医療庁（DMHC）のヘルプライン、1-888-HMO-2219までご連絡ください。

Japanese

خدمات بی هزینه مربوط به زبان. می توانید از خدمات یک مترجم شفاهی برخوردار شده و بگویند تا نوشته ها به زبان خودتان برایتان خوانده شوند. برای دریافت کردن کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا مرکز تماس مشترک Health Net به شماره 1-800-522-0088 تماس بگیرید. اعضا PPO: برای دریافت کمک بیشتر، به اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تلفن کنید. اعضا HMO: به خط کمکی DMHC به شماره 1-888-HMO-2219 تلفن کنید.

Farsi

ਭਾਸ਼ਾ ਦੀਆਂ ਮੁਫਤ ਸੇਵਾਵਾਂ। ਤੁਹਾਡੀ ਦੁਆਰਾ ਮਲਿ ਸਕਦਾ ਹੈ ਅਤੇ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈ ਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਸਾਡੀ ਫੋਨ ਕਰੋ, ਜਾਂ Health Net ਦੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ 1-800-522-0088 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ। PPO ਮੈਂਬਰ: ਹੋਰ ਸਹਾਇਤਾ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਬੀਆ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ। HMO ਮੈਂਬਰ: DMHC ਦੀ ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ।

Punjabi

សេវាបកប្រែភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងឲ្យគេអានឯកសារជូនអ្នកជាភាសាខ្មែរបាន។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខមាន កត់នៅលើប័ណ្ណ ID របស់អ្នក ឬមជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនរបស់ Health Net តាមលេខ 1-800-522-0088។ សមាជិក PPO: សំរាប់ជំនួយបន្ថែម ទូរស័ព្ទ ទៅក្រសួងពាណិជ្ជកម្មរដ្ឋកាលីហ្វ័រនីយ៉ា តាមលេខ 1-800-927-4357។ សមាជិក HMO: ទូរស័ព្ទទៅខ្សែជំនួយ DMHC តាមលេខ 1-888-HMO-2219។

Khmer

الخدمات اللغوية المجانية: يمكنك الحصول على مترجم فوري للمساعدة في قراءة مستنداتك باللغة التي تتحدث بها. للحصول على المساعدة، يُرجى الاتصال بنا على الرقم الموضح على بطاقة التعريف الخاصة بك أو الاتصال بمركز التواصل مع العملاء لدى Health Net على الرقم 1-800-522-0088. أعضاء خطة PPO: للحصول على المزيد من المساعدة، يُرجى الاتصال بـ CA Dept. of Insurance (وزارة التأمين بولاية كاليفورنيا) على الرقم 1-800-927-4357. أعضاء خطة HMO: يُرجى الاتصال بخط المساعدة لدى DMHC على الرقم 1-888-HMO-2219.

Arabic

Kev Pab Lus Tsis Muaj Nqi Them. Koj txais tau tus neeg txhais lus thiab muab tau cov ntawv los nyeem rau koj ua koj hom lus. Kom tau kev pab, hu tuaj rau peb ntawm tus xovtooj uas nyob ntawm koj daim npav ID lossis Health Net Lub Chaw Pab Cov Tib Neeg Siv Cov Kev Pab (Customer Contact Center) ntawm 1-800-522-0088. Cov tswv cuab PPO: yog xav tau kev pab ntiv hu rau CA Qhov Chaw Saib Xyuas Txog Kev Tuav Pov Hwm (Dept. of Insurance) ntawm 1-800-927-4357. Cov tswv cuab HMO: hu rau DMHC Tus Xovtooj Muab Kev Pab ntawm 1-888-HMO-2219.

Hmong

Doo Bqah 'Alinígóó Saad Bee 'áka'anída'awo'ígíí. 'Ata' halne'í dóó naaltsos bee 'éédahozinígíí t'áá ni nizaad bee hadadilyaago nich'í' yídóoltah. 'Áka'a'eyeed biniiyégo, ninaaltsos niti'izi bee nééhozinígíí bine'déé' béésh bee haneí biká'ígíí bee nich'í' hodílnih, doodago ninaalishí bił hada'dil'ínígíí t'áá shóodí Health Net Na'iłniihí Hane' 'Íł'íh Bił Haz'áni'j' 1-800-522-0088 hodílnih. PPO Naaltsos Bił Bá Hadadít'éhígíí: t'áá náásgóó 'áka'a'eyeed biniiyégo CA Dept. béeso 'áchqáh naa'nil bił haz'ánígíí bich'í' koh'j' 1-800-927-4357 hodílnih. HMO Naaltsos Bił Bá Hadadít'éhígíí: DMHC 'Áka'aná'awo' Bił Haz'ánígíí koh'j' 1-888-HMO-2219 hodílnih.

Navajo