



Health Net®

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

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

April 27, 2018

Policyholder ID:
«PHID»

Dear «PHID_NAME»,

At Health Net of California, Inc. and Health Net Life Insurance Company (Health Net), we are committed to giving our members coverage and network choices that put their health first. This commitment and purpose drive our dedication to enduring, productive partnerships with doctors, facilities, and hospitals that provide quality care at a cost our members can afford.

As a part of this dedication, we want to inform you that Health Net and Dignity Health are currently negotiating our contract with Dignity Health's hospitals, physicians, medical groups, facilities, and rural health clinics in California.

We're working in good faith to reach an agreement that delivers on our commitment to affordable, quality network choices for our members. However, if our organizations are unable to complete a new contract, Dignity Health will no longer participate in Health Net's California networks:

- **Hospitals** beginning on **5/1/18¹**
- **Physicians, medical groups, facilities, and rural health clinics** beginning on **7/1/18¹**

Member outreach

In the event that we do come to a termination, and in compliance with regulatory requirements, we will notify our affected members of a contract termination. **Members** of the lines of business noted in the **attached FAQ** will receive (a) letter(s) informing them of a Dignity Health termination and what they need to do.

Copies of these letters are attached for your reference.

We're here for you and have California covered

Making health care work for you and our members is our legacy in California. It's what we've been doing for nearly 40 years and what we're focused on doing for decades to come. You are our partner in health, and we remain steadfast in meeting our members' and valued clients' needs.

(continued)

¹Our EnhancedCare PPO Individual & Family product and plans will remain through 12/31/18 under the current contract agreement.

If you have any questions or concerns about this potential termination, please reference the attached FAQ document, and contact your Health Net account manager. As always, we value your business, and thank you for partnering with us.

Sincerely,

Health Net

Frequently Asked Questions

Dignity Health California Hospitals and Participating Provider Groups (PPGs) Potential Termination

Question: What is the background of this potential termination?

Answer: On 10/31/2017, Dignity Health issued notice of contract termination with intent to renegotiate their system-wide contract agreements. Health Net of California, Inc., Health Net Life Insurance Company (Health Net) has been in good faith negotiations with Dignity Health to reach agreement on a new system-wide agreement for all currently contracted Dignity Health hospitals and Participating Provider Groups (PPGs). This renewal impacts all Health Net contracted lines of business in California including Medicare, Medi-Cal, Cal MediConnect, and Commercial HMO/PPO/POS.

Question: How will this impact Health Net's membership?

Answer: All Dignity Health **hospitals will remain contracted through 4/30/18** under the existing contract agreement, and all Dignity Health **PPGs will remain contracted through 6/30/18**. Health Net contracted PPGs will cooperate with Dignity Health facilities to ensure that impacted membership will continue to receive all medically necessary care, to include continuation of care/transition of care assistance for any members who remain under treatment at a Dignity Hospital AFTER 4/30/18. **Please note: The only line of business not impacted by the termination deadlines is the Individual & Family EnhancedCare PPO, which will remain contracted through 12/31/2018 under the current contract agreement.**

Question: How will impacted members be notified of the termination if it occurs?

Answer: Health Net will notify all impacted membership via direct mail in compliance with the regulations governing each line of business, and all Health Net/CH&W contracted PPGs will continue to cooperate with Dignity Health facilities to ensure that impacted membership will continue to receive all medically necessary care, to include continuation of care/transition of care assistance for any members that remain under treatment at a Dignity hospital AFTER 4/30/18. **To date, only impacted CMS members received direct mail notification regarding the possible hospital termination if they were part of the following subset per the regulatory policy and procedure.** Membership for all other impacted lines of business (other than Medicare) will receive notices as required by the applicable regulatory agency, if the hospital contracts actually terminate effective 5/1/18.

Medicare Notification Requirement: Health Net will make a good faith effort to provide written notice of a termination of the provider at least thirty (30) calendar days before the termination effective date to all enrollees who are patients seen on a regular basis by the provider whose contract is terminating, irrespective of whether the termination was for cause or without cause. **"Regular basis" is defined as members with two visits or more within the last six (6) months (identified using claim report) and/or members with an open authorization within 180 days post-termination date (using data provided on the open authorization report).**

Question: Are Dignity PPGs impacted by the 4/30/18 hospital termination date?

Answer: No. Dignity PPGs are contracted through 6/30/18. However, any PPG, including Dignity PPGs that refer/admit members to a Dignity hospital will need to begin redirecting Health Net members to alternative hospitals effective 5/1/18 in the event Health Net and Dignity hospitals do not renew their agreements.

Question: Will members keep their PCP? What about their specialists?

Answer: The hospital termination does not impact members' Primary Care Physicians (PCPs) as currently assigned. Regarding specialists, members' current specialty care will not be impacted but, if hospital services are required, specialist(s) will need to coordinate care at an alternative hospital effective 5/1/18, in the event Health Net and Dignity hospitals do not renew their agreements. Health Net contracted PPGs will cooperate with Dignity Health facilities to ensure that impacted membership will continue to receive all medically necessary care, to include continuation of care/transition of care assistance for any members who remain under treatment at a Dignity hospital AFTER 4/30/18.

Question: What if a member has hospital or physician services scheduled before/after 4/30/18?

Answer: Health Net contracted PPGs will cooperate with Dignity Health facilities to ensure that impacted membership will continue to receive all medically necessary care, to include continuation of care/transition of care assistance for any members who remain under treatment at a Dignity hospital AFTER 4/30/18.

Questions: Do members have to take any action now? Who should they contact if they have further questions or concerns?

Answer: Members should reach out to their PCP and PPG for assistance with care coordination as applicable. Health Net/CH&W contracted PPGs will cooperate with Dignity Health facilities to ensure that impacted membership will continue to receive all medically necessary care, to include continuation of care/transition of care assistance for any members that remain under treatment at a Dignity hospital AFTER 4/30/18.

Question: What specific Dignity providers are involved with the termination?

Answer: Please see the listings included on the following pages.

Terminating Dignity Health Providers

Hospital Providers: 4/30/18 termination date

Name	City
Bakersfield Memorial Hospital	Bakersfield
California Hospital Medical Center - Los Angeles	Los Angeles
Community Hospital of San Bernardino	San Bernardino
Dominican Hospital	Santa Cruz
French Hospital Medical Center	San Luis Obispo
Glendale Memorial Hospital and Health Center	Glendale
Marian Medical Center	Santa Maria
Mark Twain Medical Center	San Andreas
Mercy General Hospital	Sacramento
Mercy Hospital (Bakersfield) / Southwest Hospital	Bakersfield
Mercy Hospital of Folsom	Folsom
Mercy Medical Center Merced	Merced
Mercy Medical Center Mt. Shasta	Mount Shasta
Mercy Medical Center Redding	Redding
Mercy San Juan Medical Center	Carmichael
Methodist Hospital of Sacramento	Sacramento
Northridge Hospital Medical Center (Roscoe Blvd Campus)	Northridge
Saint Francis Memorial Hospital	San Francisco
Sequoia Hospital	Redwood City
Sierra Nevada Memorial Hospital	Grass Valley
St. Bernardine Medical Center	San Bernardino
St. Elizabeth Community Hospital	Red Bluff
St. John's Pleasant Valley Hospital	Camarillo
St. John's Regional Medical Center	Oxnard
St. Joseph's Medical Center of Stockton	Stockton
St. Mary Medical Center (Long Beach)	Long Beach
St. Mary's Medical Center (San Francisco)	San Francisco
Woodland Memorial Hospital	Woodland

Affiliated Hospital-Based Clinics: 4/30/18 Termination Date

- Mercy Medical Center Redding Outpatient Clinics
- Mercy Medical Center Mt. Shasta Outpatient Clinics
- Mark Twain St. Joseph's Hospital Outpatient Clinics
- Pacific Central Coast Health Centers (formerly Marian Community Clinic)
- SFO Medical Clinic
- CBCC Radiation Oncology

Participating Provider Groups (PPGs): 6/30/18 Termination Date

Dignity Capitated PPGs
DIGNITY HEALTH MED GRP - INLAND EMPIRE (INLAND HEALTHCARE)
DIGNITY HEALTH MED GRP - SANTA CRUZ (FORMERLY PMG SANTA CRUZ)
MERCY MED GRP - EL DORADO
MERCY MED GRP - SACRAMENTO
SEQUOIA PHYS NETWORK
WOODLAND CLINIC MED GRP
Dignity Fee-For-Service PPGs
DIGNITY HEALTH MED GRP - MERCED
DIGNITY HEALTH MED GRP - BAKERSFIELD
DIGNITY HEALTH MED GRP - DOMINICAN
DIGNITY HEALTH MED GRP - NORTH STATE
DIGNITY HEALTH MED GRP - SEQUOIA
DIGNITY HEALTH MED GRP - SIERRA NEVADA
DIGNITY HEALTH MED GRP - ST FRANCIS/ST MARY'S
DIGNITY HEALTH MED GRP - STOCKTON
DIGNITY HEALTH MED GRP - WOODLAND
DIGNITY HEALTH MED GRP- NORTHBRIDGE FAMILY MEDICINE
DIGNITY HEALTH MED GRP- VENTURA COUNTY



Health Net®

CA-100-04-03 Membership
PO Box 9103
Van Nuys, CA 91409-9103

**Sample Member Letter for Members Whose
PCP Is No Longer Available**

Health Net of California, Inc.
21281 Burbank Blvd.
Woodland Hills, CA 91367-6607

www.healthnet.com

Member Name
Member Address
Member City, State ZIP

An important message from Health Net of California, Inc. (Health Net)

(Date)

Dear [Member Name]:

At Health Net, we're committed to providing you with timely and relevant updates about our provider network. We want you to know that **<effective/as of> (Termination Date), <From_Priv_Name> (#<From_Priv_Id>)**, will no longer participate as a Health Net network provider. Therefore, the primary care physician caring for you or members of your family will no longer be available through this medical group. Unfortunately, your PCP is not accessible through any other Health Net participating medical group at this time.

We want to ensure that you and your covered dependents continue to have access to quality medical care without interruption. Therefore, we encourage you to choose a new participating medical group and PCP. For information about Health Net's participating medical groups and PCPs available to you, please call the Health Net Customer Contact Center at **1-800 522-0088 (TTY: 711)**, Monday through Friday from 8:00 a.m. to 6:00 p.m. or visit www.healthnet.com.

Please remember that when you change from one medical group to another, you may also see changes in the providers you currently access, including hospitals, specialists, durable medical equipment, and home health care, if applicable. In these cases, the new health care provider will contact you to arrange a smooth transition. Please contact your PCP for help in transitioning your care if you:

- Are currently undergoing treatment for an illness;
- Are receiving care for a condition such as pregnancy; or
- Have outstanding authorizations or referrals.

If we do not hear from you within 30 days of the date of this letter, we will automatically assign you to a new PCP with **<To_Priv_Name> (#<To_Priv_Id>)** on **(Termination Date)**. Once we have updated our records, we will provide you with an identification (ID) card listing your new PCP and medical group. Once you receive your new ID card, please throw away all other Health Net ID cards. Provider changes will also be updated on your "My Account" page, available at www.healthnet.com. You may also use our Interactive Voice Response system to confirm provider changes and verify eligibility 24 hours a day, 7 days a week, by calling the phone number listed on the back of your card.

(continued)

Enclosed with this letter is our Health Net Continuity of Care Assistance Request Form. We provide this form as a special service to our members who are currently receiving medical care for the following conditions:

- A serious chronic condition.
- A pregnancy, including the immediate postpartum period.
- A terminal illness.
- Care for a child between the ages of birth and 36 months.
- A surgery or other procedure scheduled to occur within 180 days of the date of your reassignment.

If any of the above applies to you, please fill out this enclosed form and return it to Health Net by fax or mail. You may also call us directly at the above numbers if you would like assistance in transitioning your care.

To access Health Net's continuity of care policy, visit our website at www.healthnet.com. Log in with your member ID. Then from our Member home page, please go to the Next Steps section on the right side of the page, and click on Continuity of Care Assistance.

[As a Point-of-Service (POS) member, you may choose to use your out-of-network benefits to continue using your current PCP or his or her medical group on or after (**Termination Date**). Please know that by choosing to use your out-of-network benefits, as opposed to using an in-network physician and medical group, your out-of-pocket costs will likely be higher.]

Please note: You should not be billed, nor should you pay, for any Health Net covered services, except for copayments. If this occurs, please contact the Customer Contact Center at **1-800-522-0088**. We also want you to know that your Health Net benefits and copayments will not change even if you are changing your PCP or medical group.

We will continue to keep you notified of any changes that affect your health plan. We thank you for being a Health Net member and for the opportunity to provide you access to quality care and responsive service. If you have any questions or concerns, please call our Customer Contact Center at **1-800 522-0088 (TTY: 711)**, Monday through Friday from 8:00 a.m. to 6:00 p.m. or visit www.healthnet.com.

Sincerely,

Customer Contact Center

Enclosure

/xx

The Department of Managed Health Care regulates Health Net. If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your HMO's customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-888-HMO-2219, or at a toll-free TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. Covered California is a registered trademark of the State of California. All rights reserved.



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CA-100-04-03 Membership
PO Box 9103
Van Nuys, CA 91409-9103

**Sample Member Letter for Members Whose PCP Is
Available through Another Medical Group**

Health Net of California, Inc.
21281 Burbank Blvd.
Woodland Hills, CA 91367-6607

www.healthnet.com

Member Name
Member Address
Member City, State ZIP

An important message from Health Net of California, Inc. (Health Net)

(Date)

Dear [Member Name]:

At Health Net, we're committed to providing you with timely and relevant updates about our provider network. We want you to know that **<effective/as of> (Termination Date), <From_Priv_Name> (#<From_Priv_Id>)** will no longer participate as a Health Net network provider. Therefore, the primary care physician caring for you or members of your family will no longer be available through this medical group. However, you can continue to see your current PCP through **<To_Priv_Name> (#<To_Priv_Id>)**.

We want to ensure that you and your covered dependents continue to have access to quality medical care without interruption. Therefore, we will automatically transfer your membership to **<To_Priv_Name> (#<To_Priv_Id>)** to follow your physician.

Please remember that when you change from one medical group to another, you may also see changes in the providers you currently access, including hospitals, specialists, durable medical equipment, and home health care, if applicable. In these cases, the new health care provider will contact you to arrange a smooth transition. Please contact your PCP for help in transitioning your care if you:

- Are currently undergoing treatment for an illness;
- Are receiving care for a condition such as pregnancy; or
- Have outstanding authorizations or referrals.

Enclosed with this letter is our Health Net Continuity of Care Assistance Request Form. We provide this form as a special service to our members who are currently receiving medical care for the following conditions:

- A serious chronic condition.
- A pregnancy, including the immediate postpartum period.
- A terminal illness.
- Care for a child between the ages of birth and 36 months.
- A surgery or other procedure scheduled to occur within 180 days of the date of your reassignment.

If any of the above applies to you, please fill out this enclosed form and return it to Health Net by fax or mail. You may also call us directly if you would like assistance in transitioning your care.

(continued)

To access Health Net's continuity of care policy, visit our website at www.healthnet.com. Log in with your member ID. Then from our Member home page, please go to the Next Steps section on the right side of the page and click on Continuity of Care Assistance.

Once we have updated our records, we will provide you with an identification (ID) card listing your new PCP and medical group. Once you receive your new ID card, please throw away all other Health Net ID cards. Provider changes will also be updated on your "My Account" page, available at www.healthnet.com. You may also use our Interactive Voice Response system to confirm provider changes and verify eligibility 24 hours a day, 7 days a week, by calling the phone number listed on the back of your card.

Please note: You should not be billed, nor should you pay, for any Health Net covered services, except for copayments. If this occurs, please contact the Customer Contact Center at **1-800-522-0088**. We also want you to know that your Health Net benefits and copayments will not change even if you are changing your PCP or medical group.

We will continue to keep you notified of any changes that affect your health plan. We thank you for being a Health Net member and for the opportunity to provide you access to quality care and responsive service. If you have any questions or concerns, please call our Customer Contact Center at **1-800-522-0088 (TTY: 711)**, Monday through Friday from 8:00 a.m. to 6:00 p.m. or visit www.healthnet.com.

Sincerely,

Customer Contact Center

Enclosure

/xx

The Department of Managed Health Care regulates Health Net. If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your HMO's customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-888-HMO-2219, or at a toll-free TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.

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Health Net®

CA-100-04-03 Membership
PO Box 9103
Van Nuys, CA 91409-9103

**Sample Member Letter for Members Whose
Hospital Is No Longer Available**

Health Net of California, Inc.
21281 Burbank Blvd.
Woodland Hills, CA 91367-6607

www.healthnet.com

Member Name
Member Address
Member City, State ZIP

(Date)

Dear [Member Name]:

One of the goals of Health Net of California, Inc. ("Health Net") is to keep our members apprised of changes to our provider network. We want to advise you that effective **(EFF DATE)**, **(OLD HOSPITAL NAME)** will no longer be a Health Net contracted provider. Therefore, this hospital will no longer be available through Health Net except, for emergency services.

Our main concern is to ensure that our members continue to have access to medical care without interruption. The hospitals which are available to Health Net members in your area are as follows:

(INSERT NEW HOSPITAL NAME(S) AND ADDRESS)

For more information on hospitals available to you, please contact the Health Net Customer Contact Center at (800) 522-0088. Customer Contact Representatives are available to assist you Monday through Friday from 8:00 a.m. to 6:00 p.m. Our Telecommunication Device for the Deaf may be accessed by calling (800) 995-0852. You may also contact Health Net through our web site at www.healthnet.com. Please be advised that any change in the hospital you use may also mean changes in the specialists currently available to you.

Enclosed with this letter is our Health Net Transition of Care Assistance Request Form. We provide this form as a special service to our members who:

- Are currently undergoing treatment for an illness or condition such as pregnancy
- Have outstanding authorizations or referrals, or
- Have a scheduled appointment date after **(EFF DATE)**

If any of the above applies to you, please fill out this enclosed form and return to Health Net by fax or mail. You may also call us directly at the above numbers if you would like assistance in transitioning your care.

You may access Health Net's continuity of care policy by going to our website at www.healthnet.com. You will need to login as a Health Net member. On our homepage, please click on "Get Things Done." On the "Get Things Done" homepage, please click on "Transition of Care" listed under Policies on the right side of the page.

Continued on reverse side

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your HMO's customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-888-HMO-2219, or at a toll-free TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.

If you are billed by any provider for services you are entitled to under your Health Net plan, except for copayments, please contact our Customer Contact Center at (800) 522-0088. You should not be billed, nor should you pay, for any Health Net covered services, except for copayments.

Finally, please note that if you are a Point of Service (POS) member, you may elect to use your out-of-network benefits to continue using your current hospital on or after **(EFF DATE)**. Please be aware, however, that by choosing to use your out-of-network benefits, as opposed to using a hospital at the in-network level, you will incur additional personal expense. This higher expense may result in part due to the fact that you would be utilizing a provider no longer contracted with Health Net.

We value your membership with Health Net. We also want you to know that your Health Net benefits and copayments will not change even though you will be using a different hospital. If you have any questions or concerns, please first contact our Customer Contact Center at the telephone numbers mentioned above.

Sincerely,

Customer Contact Center

Enclosure

/xx

The Department of Managed Health Care regulates Health Net. If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your HMO's customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-888-HMO-2219, or at a toll-free TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net Life Insurance Company and Health Net of California, Inc. (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:

IFP On Exchange/Covered California 1-888-926-4988 (TTY: 711)

IFP Off Exchange 1-800-839-2172 (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, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you. You can also file a grievance by mail, fax or online 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

Online: healthnet.com (Group) or myhealthnetca.com (IFP)

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If you are not satisfied with Health Net's decision or it has been more than 30 days since you filed the complaint, you may submit a complaint form to the Department of Managed Health Care (DMHC). The form is available at www.dmhc.ca.gov/FileaComplaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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) if there is a concern of discrimination based on race, color, national origin, age, disability, or sex.

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 សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក 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'íiyeed. Ata' halne'ígíí da ła' ná hádídóot'íłł. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídooltah nínízingo t'áá ná ákódoolníł. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyéłhíj'í' hódíłnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihj'í' bikáá' éí doodago kojí' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojí' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojí' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojí' 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 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) ਐਂਡ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਐਂਡ 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 ਪਲੇਨਾਂ 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 представленным 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 представленным 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 (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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