The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.

For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.healthnet.com](http://www.healthnet.com) or call 1-800-250-5226. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [https://www.healthcare.gov/sbc-glossary/](https://www.healthcare.gov/sbc-glossary/) or [www.healthnet.com](http://www.healthnet.com) or you can call 1-800-250-5226 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$100 each member (EPO Tier 1)/$500 each member (EPO Tier 2) per plan year. EPO Tier 1 and EPO Tier 2 deductibles cross accumulate.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes. Preventive care, physician office visits, diagnostic tests, imaging, prescription drugs, emergency room, emergency medical transportation, urgent care, outpatient mental/behavioral health and substance abuse services, childbirth/delivery professional services, home health care, rehabilitation &amp; habilitation services, durable medical equipment, hospice services, pediatric dental and vision care are covered before you meet your deductible.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>$2,000 each member (EPO Tier 1) / $4,000 each member (EPO Tier 2) per plan year.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance billing charges, penalties for non-certification and healthcare this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. For a list of preferred providers, see <a href="http://www.healthnet.com/cardinalcare">www.healthnet.com/cardinalcare</a> or call 1-800-250-5226.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>Yes. Requires referral from Vaden for Tier 1. Tier 2 allows you to see any PPO provider without referral.</td>
<td>This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.</td>
</tr>
</tbody>
</table>

SBC_EPO_GLJ_Stanford_Vaden.Monterey_2020-21
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay EPO Tier 1 (Access to Vaden Health Center and to HNCA PPO Providers in Monterey and Santa Cruz Counties)</th>
<th>What You Will Pay EPO Tier 2 (Access to HNCA PPO and First Health Networks)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you visit a health care provider’s office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>$25 <strong>copay</strong>/visit <strong>deductible</strong> does not apply</td>
<td>$25 <strong>copay</strong>/visit <strong>deductible</strong> does not apply</td>
<td><strong>Copay</strong> not required if primary care physician visit is performed at Vaden Health Center.</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$35 <strong>copay</strong>/visit <strong>deductible</strong> does not apply</td>
<td>30% <strong>coinsurance</strong></td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge <strong>deductible</strong> does not apply</td>
<td>No charge <strong>deductible</strong> does not apply</td>
<td>You may have to pay for services that aren’t preventive. Ask your <strong>provider</strong> if the services needed are preventive. Then check what your <strong>plan</strong> will pay for.</td>
</tr>
<tr>
<td>If you have a test</td>
<td><strong>Diagnostic test</strong> (x-ray, blood work)</td>
<td>No charge <strong>deductible</strong> does not apply</td>
<td>30% <strong>coinsurance</strong></td>
<td>Preventive lab and x-ray covered at 100%.</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$50 <strong>copay</strong>/procedure <strong>deductible</strong> does not apply</td>
<td>30% <strong>coinsurance</strong></td>
<td>If certification is not obtained a $100 penalty will apply through Tier 2. There is no certification penalty through Tier 1.</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$10 <strong>copay</strong>/retail order <strong>deductible</strong> does not apply</td>
<td>$10 <strong>copay</strong>/retail order <strong>deductible</strong> does not apply</td>
<td>Supply/order: up to 30 day (retail); up to 90 day supply for maintenance drugs (one copayment will apply for each 30 day supply) except where quantity limits apply. <strong>Preauthorization</strong> is required for select drugs. If <strong>preauthorization</strong> is not obtained a penalty of 50% of the average wholesale price will apply, except for emergency or urgently needed care.</td>
</tr>
<tr>
<td></td>
<td>Brand drugs</td>
<td>$35 <strong>copay</strong>/retail order <strong>deductible</strong> does not apply</td>
<td>$35 <strong>copay</strong>/retail order <strong>deductible</strong> does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand or generic drugs</td>
<td>$50 <strong>copay</strong>/retail order <strong>deductible</strong> does not apply</td>
<td>$50 <strong>copay</strong>/retail order <strong>deductible</strong> does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Specialty drugs</strong></td>
<td>$50 <strong>copay</strong>/order <strong>deductible</strong> does not apply</td>
<td>$50 <strong>copay</strong>/order <strong>deductible</strong> does not apply</td>
<td>Supply/order up to a 30 day supply from specialty pharmacy except where quantity limits apply. <strong>Preauthorization</strong> is required for select drugs. If prior authorization is not obtained a penalty of 50% of the average wholesale price will apply, except for emergency or urgently needed care.</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the **plan** or policy document at [www.healthnet.com](http://www.healthnet.com).
# Common Medical Event

## Services You May Need

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay EPO Tier 1 (Access to Vaden Health Center and to HNCA PPO Providers in Monterey and Santa Cruz Counties)</th>
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<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>$250 copay/procedure</td>
<td>30% coinsurance</td>
<td>If certification is not obtained a $100 penalty will apply through Tier 2. There is no certification penalty through Tier 1.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge deductible does not apply</td>
<td>30% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$100 copay/visit deductible does not apply</td>
<td>$100 copay/visit deductible does not apply</td>
<td>Copay waived if admitted into the hospital.</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>No charge deductible does not apply</td>
<td>No charge deductible does not apply</td>
<td>Deductible applies through Tier 2.</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>Medical-$50 copay/visit deductible does not apply</td>
<td>Medical-$50 copay/visit deductible does not apply</td>
<td>Copay waived if admitted into the hospital.</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$500 copay/stay</td>
<td>30% coinsurance</td>
<td>If certification is not obtained a $500 penalty will apply through Tier 2. There is no certification penalty through Tier 1.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge deductible does not apply</td>
<td>30% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>Office-$25 copay/visit-individual therapy $12.50 copay/visit-group therapy Other than office-No charge deductible does not apply</td>
<td>Not covered</td>
<td>Certification is not required for outpatient services for mental health and substance use disorder diagnoses except for reconstructive surgery. If certification is required but not obtained a $100 penalty will apply through Tier 2. There is no certification penalty through Tier 1.</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>$500 copay/stay</td>
<td>Not covered</td>
<td>Non-emergency services require certification. If certification is not obtained a $500 penalty will apply through Tier 2. There is no certification penalty through Tier 1.</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the plan or policy document at [www.healthnet.com](http://www.healthnet.com)
| Common Medical Event | Services You May Need | What You Will Pay  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>EPO Tier 1</strong> (Access to Vaden Health Center and to HNCA PPO Providers in Monterey and Santa Cruz Counties)</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>No charge <strong>deductible</strong> does not apply</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No charge <strong>deductible</strong> does not apply</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>$500 <strong>copay</strong>/stay</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td><strong>Home health care</strong></td>
<td>$25 <strong>copay</strong>/visit <strong>deductible</strong> does not apply</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$35 <strong>copay</strong>/visit <strong>deductible</strong> does not apply</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>$35 <strong>copay</strong>/visit <strong>deductible</strong> does not apply</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>$500 <strong>copay</strong>/stay</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>No charge <strong>deductible</strong> does not apply</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>No charge <strong>deductible</strong> does not apply</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children’s eye exam</td>
<td>No charge deductible does not apply</td>
<td>No charge deductible does not apply</td>
<td>Through age 18. Limited to 1 visit per plan year.</td>
</tr>
<tr>
<td></td>
<td>Children’s glasses</td>
<td>No charge deductible does not apply</td>
<td>No charge deductible does not apply</td>
<td>Through age 18. Provider selected frames; 1 per plan year.</td>
</tr>
<tr>
<td></td>
<td>Children’s dental check-up</td>
<td>No charge deductible does not apply</td>
<td>10% coinsurance Deductible does not apply</td>
<td>Limited to 1 check-up in a 6 month period.</td>
</tr>
</tbody>
</table>

Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover** (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Glasses (Adult)
- Hearing aids
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight loss programs (exclusion does not apply to preventive care behavioral interventions)

**Other Covered Services** (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)

- Acupuncture
- Chiropractic care-limited to 15 visits per plan year through Tier 1 and Tier 2 combined
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs (exclusion does not apply to preventive care behavioral interventions)

**Your Rights to Continue Coverage:**

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

* For more information about limitations and exceptions, see the plan or policy document at www.healthnet.com
Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Health Net’s Customer Contact Center at 1-800-250-5226, submit a grievance form through www.healthnet.com/cardinalcare, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor’s Employee Benefits Security Administration at 1-866-444 (EBSA (3272) or www.dol.gov/ebsa/healthreform. If you have a grievance against Health Net, you can also contact the California Department of Insurance, Consumer Communications Bureau Health Unit, 300 South Spring Street, South Tower, Los Angeles, CA 90013 or at 1-800-927-HELP (4357), 1-800 482-4833 TDD or at www.insurance.ca.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the California Department of Insurance at the contact information provided above.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-250-5226.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-250-5226.
Chinese (中文): 如果需要中文的帮助，请请请请请请 1-800-250-5226.
Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-250-5226.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1146. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

* For more information about limitations and exceptions, see the plan or policy document at www.healthnet.com

SBC_EPO_GLJ_Stanford_Vaden_Monterey_2020-21
About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The **plan’s overall deductible** $100
- **Specialist copayment** $35
- **Hospital (facility) copayment** $500
- **Other copayment** $500

This EXAMPLE event includes services like:
- **Specialist** office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- **Diagnostic tests** (ultrasounds and blood work)
- **Specialist** visit (anesthesia)

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$12,700</th>
</tr>
</thead>
</table>

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Deductibles</th>
<th>$100</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copayments</td>
<td>$700</td>
</tr>
<tr>
<td></td>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

What isn’t covered
- **Limits or exclusions** $60

The total Peg would pay is
- **$8,600**

### Managing Joe’s Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The **plan’s overall deductible** $100
- **Specialist copayment** $35
- **Hospital (facility) copayment** $500
- **Other copayment** $500

This EXAMPLE event includes services like:
- **Primary care physician** office visits (including disease education)
- **Diagnostic tests** (blood work)
- **Prescription drugs**
- **Durable medical equipment** (glucose meter)

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$5,600</th>
</tr>
</thead>
</table>

In this example, Joe would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Deductibles</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copayments</td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

What isn’t covered
- **Limits or exclusions** $0

The total Joe would pay is
- **$1,000**

### Mia’s Simple Fracture
(in-network emergency room visit and follow up care)

- The **plan’s overall deductible** $100
- **Specialist copayment** $35
- **Hospital (facility) copayment** $500
- **Other copayment** $500

This EXAMPLE event includes services like:
- **Emergency room care** (including medical supplies)
- **Diagnostic test** (x-ray)
- **Durable medical equipment** (crutches)
- **Rehabilitation services** (physical therapy)

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$2,800</th>
</tr>
</thead>
</table>

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Deductibles</th>
<th>$800</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copayments</td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

What isn’t covered
- **Limits or exclusions** $0

The total Mia would pay is
- **$860**

The plan would be responsible for the other costs of these EXAMPLE covered services.
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).

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

Armenian
Այս ծրագրի էջին տեղափոխվում են նոր հարդարանքներ, և նոր համակարգչային գործողությունները:
Այս ծրագրի էջին տեղափոխվում են նոր հարդարանքներ, և նոր համակարգչային գործողությունները:

Chinese
免费语言服务。您可使用口译员服务。您可请人将文件传给您听或请我们将某些文件翻译成您的语言寄给您。如需协助，请拨打您会员卡上的电话号码与客户服务中心联络或者拨打健康保险交易市场外的 Individual & Family Plan (IFP) 專线：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請拨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 取得的團體計畫，請撥打 1-800-522-0088（聽障專線：711）。

Hindi
वह शुल्क भाषा सेवा है। आप एक दुसरे वालों के साथ बात कर सकते हैं। आप डर नहीं हैं कि आपके प्रश्नों में पढ़ाई होगी। आप के लिए, आप आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैक्टिलिटी व्यवस्था (आईएक्सपर्ट) को कॉल करें। कैंसर वातावरण के लिए, आईएक्सपर्ट ऑन एक्सरेज्ज: 1-800-839-2172 (TTY: 711) पर कॉल करें। व्यक्तिगत वातावरण के लिए, 1-888-926-4988 (TTY: 711) या स्क्वाइल विनेट्स 1-888-926-5133 (TTY: 711) पर कॉल करें।

Hmong
Japanese
無料の言語サービスを提供しております。通訳者を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。

Khem
เวทีการสนับสนุนในภาษาอังกฤษ อาจส่งผลต่อการจัดการเรื่องบุคคลข้อมูลรายบุคคลและสิทธิ์ทางการเงิน การสนับสนุนข้อมูลในภาษาอังกฤษอาจส่งผลต่อการจัดการเรื่องบุคคลข้อมูลรายบุคคลและสิทธิ์ทางการเงิน การสนับสนุนข้อมูลในภาษาอังกฤษ Off Exchange
บริการในภาษาอังกฤษ (IFP) หมายเลข: 1-800-839-2172 (TTY: 711)
บริการในภาษาอังกฤษ (IFP) On Exchange 1-888-926-4988 (TTY: 711)
บริการในภาษาอังกฤษ (IFP) หมายเลข: 1-888-926-5133 (TTY: 711)
บริการในภาษาอังกฤษ (IFP) Health Net 1-800-522-0088 (TTY: 711)

Korean
투료 연락 서비스입니다. 동록 서비스를 받으실 수 있습니다. 문서 망등 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 숫자된 번호로 고객서비스 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange:
1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 칼리포니아 주 마켓플레이스의 경우

Navajo

Persian (Farsi)
خدمات زبان بدون هزینه. در توانایی بک متر محدودیت فعالیت بیکری. در توانایی درخواست کنید اسناد به زبان ترجمه به زبان و برای ارائه فرمان همکاری کرده‌اند. برای دریافت کمک بک متریک مثال مشتری بک متریک 1-888-926-4988 (TTY: 711) 1-800-839-2172 (TTY: 711) 1-800-522-0088 (TTY: 711)
Health Net 1-800-839-2172 (TTY: 711) 1-800-522-0088 (TTY: 711)
**Panjabi (Punjabi)**


**Russian**


**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**


**Thai**

ไม่มีค่าบริการสำหรับภาษา คุณสามารถใช้ตามได้ คุณสามารถให้คำแนะนำได้หากคุณต้องการความช่วยเหลือ ที่ติดต่อมาเจ้าหน้าที่ที่สามารถสื่อสารภาษาไทยได้ เช่น Customer Contact Center ที่ 1-800-839-2172 (TTY: 711) สำหรับแผนประกันเฉพาะเจาะจง (Individual & Family Plan (IFP) Off Exchange) ที่ 1-888-926-4988 (TTY: 711) หรือ สำหรับแผนประกันเฉพาะเจาะจงของธุรกิจ (Small Business) ที่ 1-888-926-5133 (TTY: 711) สำหรับแผนประกัน Medicaid หรือ Health Net โทร 1-800-522-0088 (TTY: 711)
Vietnamese
Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vĩ có thể có một phân dịch viên. Quý vĩ có thể yêu cầu dịch đọc cho
nghe tài liệu bằng ngôn ngữ của quý vĩ. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vĩ 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

CA Commercial DMHC On and Off-Exchange Member Notice of Language Assistance
FLY017549EH00 (12/17)