



# Adult Dental *and* Vision Coverage

## *HMO and HSP Off-Marketplace Health Plans*

Optional adult dental and vision coverage (ages 19 and older) with a Health Net HMO or HSP plan is available to you with no deductibles! A Health Net HMO or HSP Plus plan has Health Net adult dental and vision coverage included. Pediatric Dental and Pediatric Vision (ages newborn to age 18) are automatically included when you purchase off-marketplace CommunityCare HMO or PureCare HSP medical coverage. Health Net offers adult dental benefits administered through Dental Benefit Providers of California, Inc. and vision benefits administered through EyeMed Vision Care, LLC.

Please note: When Adult Dental and Vision are purchased with a medical plan, all adults on the plan ages 19 and over will be covered. The rate applies to each adult on the plan. Family members who turn 19 after the open enrollment period will not be added to the Adult Dental and Vision plan until the following year. Dental and Vision can only be purchased with, or added to, medical coverage during the open enrollment or special enrollment periods.

These benefits include:

### Dental

- Established network of credentialed dentists.
- Preventive dental care provided at set copayments or at no charge.
- Orthodontic benefits.
- No annual maximums.
- No waiting periods – Benefits begin immediately.

### Vision

- A network-based provider selection at time of service.
- Thousands of credentialed optometrists, ophthalmologists and opticians.
- Vision exams for a set copayment.
- Competitive coverage for contacts and glasses (frames and lenses).

*Available with all off-exchange CommunityCare HMO and PureCare HSP Plus plans*

IFP Dental and Vision rate per adult

\$7.93 per month per member

Dental and vision benefits provided by Health Net of California, Inc. Dental benefits administered by Dental Benefit Providers of California, Inc. (DBP). DBP is a California licensed specialized dental plan and is not affiliated with Health Net of California, Inc. (Health Net). Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to provide and administer vision benefits. EyeMed Vision Care, LLC is not affiliated with Health Net of California, Inc.



Pam White

*We are your Health Net.™*

**Please note:** The HMO and HSP Plus plans are not available in all counties. Please see the *Individual & Family Plans Rate Guide* for details.

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

### Summary of dental benefits

<i>Covered benefits</i>		<i>Member pays<sup>1</sup></i>
<b>Deductibles</b>		None
<b>Lifetime maximums</b>		None
<b>Professional services – Diagnostic</b>		
D0120	Periodic oral evaluation – established patient	No charge
D0140	Limited oral evaluation – problem-focused	No charge
D0150	Comprehensive oral evaluation – new or established patient	No charge
D0210	Intraoral X-rays – complete series (including bitewings)	No charge
D0220	Intraoral X-rays – periapical first film	No charge
D0230	Intraoral X-rays – periapical each additional film	No charge
D0240	Intraoral X-rays – occlusal film	No charge
D0270	Bitewing X-rays – single film	No charge
D0272	Bitewing X-rays – two films	No charge
D0273	Bitewing X-rays – three films	No charge
D0274	Bitewing X-rays – four films Bitewing X-rays are limited to one series of four films in any 12-month period	No charge
D0330	Panoramic film	No charge
D0350	Oral / facial photographic images	No charge
D0460	Pulp vitality tests	No charge
D0470	Diagnostic casts	No charge
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No charge
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge
<b>Preventive</b>		
D1110	Prophylaxis – initial	\$8
D1110	Prophylaxis – second in same calendar year Prophylaxis is limited to: (a) one initial treatment every 12 months, and (b) one “second” treatment every 12 months. An additional prophylaxis will be covered if determined to be dentally necessary and consistent with professional practice (for example, for high-risk patients, such as women who are pregnant, enrollees undergoing cancer chemotherapy, or enrollees with compromising systemic diseases such as diabetes).	\$23

<sup>1</sup>Copayments for adult dental services do not apply toward the medical out-of-pocket maximum.

<i>Covered benefits</i>		<i>Member pays<sup>1</sup></i>
<b>Preventive (continued)</b>		
D1204	Topical application of fluoride – prophylaxis not included	\$3
D1206	Topical fluoride varnish – therapeutic application for moderate to high caries risk patients	\$3
D1310	Nutritional counseling for control of dental disease	No charge
D1330	Oral hygiene instructions	No charge
D1510	Space maintainer – fixed, unilateral	\$75
D1515	Space maintainer – fixed, bilateral	\$155
D1520	Space maintainer – removable, unilateral	\$100
D1525	Space maintainer – removable, bilateral	\$170
D1550	Recementation of space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
<b>Restorative</b>		
D2140	Amalgam – one surface, permanent	\$25
D2150	Amalgam – two surfaces, permanent	\$32
D2160	Amalgam – three surfaces, permanent	\$41
D2161	Amalgam – four or more surfaces, permanent	\$49
D2330	Resin-based composite – one surface, anterior	\$35
D2331	Resin-based composite – two surfaces, anterior	\$45
D2332	Resin-based composite – three surfaces, anterior	\$55
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$65
D2391	Resin-based composite – one surface, posterior (permanent tooth)	\$55
D2392	Resin-based composite – two surfaces, posterior (permanent tooth)	\$70
D2393	Resin-based composite – three surfaces, posterior (permanent tooth)	\$85
D2394	Resin-based composite – four or more surfaces, posterior (permanent tooth)	\$85
<b>Crowns – Single restorations only</b>		
D2710	Crown – resin-based composite, indirect	\$240 plus actual lab cost of noble or high noble metal
D2712	Crown – 3/4 resin-based composite, indirect	\$240 plus actual lab cost of noble or high noble metal
D2720	Crown – resin with high noble metal	\$240 plus actual lab cost of noble or high noble metal
D2721	Crown – resin with predominantly base metal	\$240 plus actual lab cost of noble or high noble metal
D2722	Crown – resin with noble metal	\$240 plus actual lab cost of noble or high noble metal
D2750	Crown – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D2751	Crown – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal

<i>Covered benefits</i>		<i>Member pays<sup>1</sup></i>
<b>Crowns – Single restorations only (continued)</b>		
D2752	Crown – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D2780	Crown – 3/4 cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D2781	Crown – 3/4 cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D2782	Crown – 3/4 cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D2790	Crown – full cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D2791	Crown – full cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D2792	Crown – full cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D2794	Crown – titanium	\$280 plus actual lab cost of noble or high noble metal
D2910	Recement inlay, onlay or partial coverage restoration	\$15
D2915	Recement cast or prefabricated post and core	\$15
D2920	Recement crown	\$21
D2930	Prefabricated stainless steel crown – primary tooth	\$55
D2931	Prefabricated stainless steel crown – permanent tooth	\$65
D2940	Sedative filling	\$20
D2950	Core buildup, including any pins	\$23 plus actual lab cost of noble or high noble metal
D2951	Pin retention – per tooth, in addition to restoration	\$20 plus actual lab cost of noble or high noble metal
D2952	Post and core in addition to crown, indirectly fabricated	\$100 plus actual lab cost of noble or high noble metal
D2953	Each additional indirectly fabricated post – same tooth	\$100 plus actual lab cost of noble or high noble metal
D2954	Prefabricated post and core	\$60 in addition to crown
D2957	Each additional prefabricated post – same tooth	\$60
D2970	Temporary crown – fractured tooth	No charge

<i>Covered benefits</i>		<i>Member pays<sup>1</sup></i>
<b>Endodontics</b>		
D3110	Pulp cap – direct, excluding final restoration	\$21
D3120	Pulp cap – indirect, excluding final restoration	\$21
D3220	Therapeutic pulpotomy, excluding final restoration – removal of pulp coronal to the dentinocemental junction and application of medicament	\$33
D3310	Anterior, excluding final restoration	\$170
D3320	Bicuspid, excluding final restoration	\$220
D3330	Molar, excluding final restoration	\$290
D3332	Incomplete endodontic therapy – inoperable, unrestorable or fractured tooth	\$170
D3346	Retreatment of previous root canal therapy – anterior	\$185
D3347	Retreatment of previous root canal therapy – bicuspid	\$240
D3348	Retreatment of previous root canal therapy – molar	\$315
D3410	Apicoectomy/periradicular surgery – anterior	\$155
D3421	Apicoectomy/periradicular surgery – bicuspid, first root	\$155
D3425	Apicoectomy/periradicular surgery – molar, first root	\$155
D3426	Apicoectomy (each additional root)	\$75
D3430	Retrograde filling – per root	\$48
D3450	Root amputation – per root	\$85
D3920	Hemisection (including any root removal), not including root canal therapy	\$85
<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$230
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$33
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$30
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$30
D4260	Osseous surgery, including flap entry and closure – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$290
D4261	Osseous surgery, including flap entry and closure – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$290
D4341	Periodontal scaling and root planing – four or more teeth, per quadrant	\$30
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$30
D4355	Full-mouth debridement to enable comprehensive evaluation and diagnosis	\$20
<b>Prosthodontics (removable) – Dentures replaced within any five-year period are not covered</b>		
D5110	Complete denture – maxillary	\$405
D5120	Complete denture – mandibular	\$405
D5130	Immediate denture – maxillary	\$420
D5140	Immediate denture – mandibular	\$420
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$290
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$290

<i>Covered benefits</i>		<i>Member pays<sup>1</sup></i>
<b>Prosthodontics (removable) (continued)</b>		
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
D5410	Adjust complete denture – maxillary	\$15
D5411	Adjust complete denture – mandibular	\$15
D5421	Adjust partial denture – maxillary	\$15
D5422	Adjust partial denture – mandibular	\$15
D5510	Repair broken complete denture base	\$45
D5520	Replace missing or broken tooth – complete denture, each tooth	\$53
D5610	Repair resin denture base	\$45
D5620	Repair cast framework	\$58
D5630	Repair or replace broken clasp	\$63
D5640	Replace broken teeth – per tooth	\$53
D5650	Add tooth to existing partial denture	\$58
D5660	Add clasp to existing partial denture	\$63
D5710	Rebase complete maxillary denture	\$185
D5711	Rebase complete mandibular denture	\$185
D5720	Rebase maxillary partial denture	\$185
D5721	Rebase mandibular partial denture	\$185
D5730	Reline complete maxillary denture – chairside	\$70
D5731	Reline complete mandibular denture – chairside	\$70
D5740	Reline maxillary partial denture – chairside	\$70
D5741	Reline mandibular partial denture – chairside	\$70
D5750	Reline complete maxillary denture – laboratory	\$120
D5751	Reline complete mandibular denture – laboratory	\$120
D5760	Reline maxillary partial denture – laboratory	\$120
D5761	Reline mandibular partial denture – laboratory	\$120
D5820	Interim partial denture – maxillary	\$135
D5821	Interim partial denture – mandibular	\$135
D5850	Tissue conditioning – maxillary	\$40
D5851	Tissue conditioning – mandibular	\$40
<b>Prosthodontics (fixed)</b>		
D6205	Pontic – indirect resin-based composite, excluding molars	\$280 plus actual lab cost of noble or high noble metal
D6210	Pontic – cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6211	Pontic – cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6212	Pontic – cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6214	Pontic – titanium	\$305 plus actual lab cost of noble or high noble metal

<i>Covered benefits</i>		<i>Member pays<sup>1</sup></i>
<b>Prosthodontics (fixed) (continued)</b>		
D6240	Pontic – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D6241	Pontic – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal
D6242	Pontic – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D6710	Crown – indirect resin-based composite	\$305 plus actual lab cost of noble or high noble metal
D6750	Crown – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D6751	Crown – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal
D6752	Crown – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D6780	Crown – 3/4 cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6781	Crown – 3/4 cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6782	Crown – 3/4 cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6790	Crown – full cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6791	Crown – full cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6792	Crown – full cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6794	Crown – titanium	\$280 plus actual lab cost of noble or high noble metal
D6930	Recement fixed partial denture. Fixed bridgework will be covered only when a removable partial denture cannot satisfactorily restore the case.	\$23
D6970	Post and core addition to fixed partial denture retainer, indirectly fabricated	\$100 plus actual lab cost of noble or high noble metal
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$60
D6973	Core build-up for retainer, including any pins	\$23 plus actual lab cost of noble or high noble metal
D6976	Each additional indirectly fabricated post – same tooth	\$100 plus actual lab cost of noble or high noble metal
D6977	Each additional prefabricated post – same tooth	\$60
D9120	Fixed partial denture sectioning	No charge



<i>Covered benefits</i>		<i>Member pays<sup>1</sup></i>
<b>Oral and maxillofacial surgery</b>		
D7111	Extraction, coronal remnants – deciduous tooth	\$35
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$35
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) – each additional tooth	\$27
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (root removal – exposed roots)	\$43
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$50
D7220	Removal of impacted tooth – soft tissue	\$70
D7230	Removal of impacted tooth – partially bony	\$105
D7240	Removal of impacted tooth – completely bony	\$135
D7250	Surgical removal of residual tooth roots, cutting procedure	\$50
<b>Orthodontics</b>		
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,800
D8210	Removable appliance therapy	\$115
D8220	Fixed appliance therapy	\$220
D8670	Routine orthodontic visits	\$17
<b>Adjunctive general services</b>		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$14 (This copay is in addition to specific services copays.)
<b>Other services</b>		
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$11
D9951	Occlusal adjustment – limited, per quadrant	\$27
D9952	Occlusal adjustment – complete, per quadrant	\$27
D9999	Missed appointments without 24-hour prior notice <i>The copayment for missed appointments may not apply if: (a) the member canceled at least 24 hours in advance, or (b) the member missed the appointment because of an emergency or circumstances beyond the control of the member.</i>	\$20
D9999	Transfer of all materials with less than a full-mouth X-ray	No charge
D9999	Transfer of all materials with a full-mouth X-ray	No charge
D9999	Operatory preparation fee (payable per visit in addition to any applicable copays for covered services rendered)	No charge

Occasionally, an instance arises where the general dentist deems that the services of a specialist are required. Health Net can assist the member with a referral to a specialist. However, there is no coverage under the plan for services rendered by a specialist except for orthodontic care.

Dental codes from Current Dental Terminology© American Dental Association.



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**Summary of vision benefits**

<i>Covered benefits</i>	<i>Member pays<sup>1</sup></i>
<b>Deductibles</b>	None
<b>Lifetime maximums</b>	None
<b>Professional services</b> Examination with dilation, as medically necessary	\$10 copay
<b>Examination for contact lens</b> Standard contact lens fit and follow-up	Up to \$55
Premium contact lens fit and follow-up	You receive 10% off retail
<b>Materials</b> Frames (once every 12 months, \$80 allowance)	\$0 copay
Standard plastic eyeglass lenses (once every 12 months) Single vision	\$40 copay
Bifocal	\$40 copay
Trifocal	\$40 copay
Lenticular	\$40 copay
Standard progressive lenses	\$105 copay
Premium progressive lenses	\$105 copay, plus 80% of charge, less \$120 allowance
Lens options (in addition to standard lenses) UV coating	You receive 20% off retail price
Tint (solid and gradient)	You receive 20% off retail price
Standard plastic scratch-resistant	You receive 20% off retail price
Standard polycarbonate	You receive 20% off retail price
Standard anti-reflective	You receive 20% off retail price
Other add-ons and service	You receive 20% off retail price
Contact lenses (every 12 months) (in lieu of eyeglass lenses; includes material only): Medically necessary contact lenses <sup>2</sup>	\$0
Nonmedically necessary contact lenses Conventional contact lenses (\$80 allowance)	\$0 copay, plus 15% off of the balance over the allowance
Disposable contact lenses (\$80 allowance)	\$0 copay, plus balance over the allowance

Limitation: In accordance with professionally recognized standards of practice, this plan covers one complete vision examination once every 12 months. Benefits may not be combined with any discounts, promotional offerings or other group benefit plans. Allowances are one-time-use benefits. No remaining balance. Examination for contact lenses is in addition to the member's vision examination. There is no additional copayment for a contact lens follow-up visit after the initial fitting examination.

<sup>2</sup>Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:

- Keratoconus where the patient is not correctable to 20/40 in either or both eyes using standard spectacle lenses.
- High ametropia exceeding -12 D or +9 D in spherical equivalent.
- Anisometropia of 3 D or more.
- Patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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:

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

Off Exchange: 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, 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: Health Net Appeals and Grievances, PO Box 10348, Van Nuys, California 91410-0348, by fax: 1-877-831-6019, or online: [healthnet.com](http://healthnet.com).

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).

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

Pending state regulatory review.

## 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 us at the number listed on your ID card, or employer group applicants please call 1-800-522-0088 (TTY: 711). Individual & Family Plan (IFP) applicants please call 1-877-609-8711 (TTY: 711). For more help: If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

## Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو يرجى من مقدمي طلبات مجموعة أصحاب العمل الاتصال بمركز الاتصال 1-800-522-0088 (TTY: 711).. يرجى من مقدمي طلبات خطة الأفراد والعائلة (IFP) الاتصال على الرقم 1-877-609-8711 (TTY: 711). وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من Health Net Life Insurance Company، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

## Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով, իսկ գործատուի խմբի դիմորդներին խնդրում ենք զանգահարել 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Անհատական և Ընտանեկան Ծրագրի անդամներն հապավումը՝ (IFP) դիմորդներին խնդրում ենք զանգահարել 1-877-609-8711 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար. եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO ապահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության գիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

## Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，雇主團體申請人請致電 1-800-522-0088 (TTY: 711)。個人與家庭計畫 (IFP) 申請人請致電 1-877-609-8711 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

## Hindi

बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज अपनी भाषा में पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या नियोक्ता समूह आवेदक कृपया 1-800-522-0088 (TTY: 711) संपर्क केंद्र पर कॉल करें। कृपया व्यक्तिगत और पारिवारिक प्लैन (IFP) के आवेदक 1-877-609-8711 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc., एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएचसी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

**Hmong**

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau xav tau kev pab, hu peb tau rau ntawm tus xov tooj nyob ntawm koj daim npav, los yog tias koj yog tus neeg tso npe xav tau kev pab kho mob los ntawm koj txoj hauj-lwm thov hu rau 1-800-522-0088 (TTY: 711). Yog koj yog tus tso npe xav tau kev pab kho mob rau Ib Tug Neeg & Tsev Neeg Individual & Family Plan (IFP) thov hu 1-877-609-8711 (TTY: 711). Xav tau kev pab ntxiv: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

**Japanese**

無料の言語サービス。通訳をご利用いただけます。日本語で文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、雇用主を通じた団体保険の申込者の方は、1-800-522-0088、(TTY: 711) までお電話ください。個人および家族向けプラン (IFP) の申込者の方は、1-877-609-8711 (TTY: 711) までお電話ください。さらに援助が必要な場合: Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMOまたはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

**Khmer**

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នកនៅក្នុងភាសារបស់អ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ បេក្ខជនក្រុមនិយោជក អាចទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បេក្ខជនផែនការគ្រួសារ និងបេក្ខជនផែនការបុគ្គល សូមទូរសព្ទទៅលេខ 1-877-609-8711 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះ ឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO Health Net Life Insurance Company សូមទាក់ទងទៅនា យកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 고용주 그룹 신청인의 경우 1-800-522-0088 (TTY: 711) 번으로 전화해 주십시오. Individual & Family Plan (IFP) 신청인의 경우, 1-877-609-8711 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

**Navajo**

Saad Bee Áká E'eyeed T'áá Jíik'e. Ata' halne'ígíí hólo. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néiho'dólinígíí bikáa'gi béesh bee hane'í bikáá' áají' hodíílnih éi doodaii' employer groupqjí ninaaltsoos siitsoozgo éi 1-800-522-0088 (TTY: 711). T'áá hó dóo ha'átchíní bił hak'é'ésti'ígíí [IFP wolyéhígíí] éi kojí' hojilnih 1-877-609-8711 (TTY: 711). Shíká anáá'doowoł jinízingo: PPO éi doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'ááh naa'nil biniyé hwe'iina' bik'é'ésti'go éi CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éi doodaii' HSPqjí Health Net of Californiaqjí béeso ách'ááh naa'nil biniyé hats'íis bik'é'ésti'go éi kojí' hojilnih DMHC Helpline 1-888-HMO-2219.

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد به زبان شما برایتان قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید، یا درخواست کنندگان گروه کارفرما لطفاً با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. درخواست کنندگان برنامه انفرادی یا خانواده (IFP) لطفاً با شماره 1-877-609-8711 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

## Panjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਤ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਾਰਿਵਾਰਕ ਪਲੈਨ (IFP) ਦੇ ਆਵੇਦਕ ਕਿਰਪਾ ਕਰਕੇ 1-877-609-8711 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ Health Net Life Insurance Company ਤੋਂ ਇੱਕ ਪੀਪੀਓ PPO ਜਾਂ ਈਓਏ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਾਂਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆਂ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਹੈਲਥ ਨੈੱਟ ਆਫ ਕੈਲੀਫੋਰਨੀਆਂ, ਇੱਕ ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਾਂਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ ਕਰੋ।

## Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы в переводе на ваш родной язык. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы хотите стать участником группового плана, предоставляемого работодателем, звоните в коммерческий контактный центр компании 1-800-522-0088 (TTY: 711). Если вы хотите стать участником плана для семей и частных лиц (IFP), звоните по телефону 1-877-609-8711 (TTY: 711). Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния CA Dept. of Insurance, телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания (DMHC), телефон 1-888-HMO-2219.

## Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación. Los solicitantes del grupo del empleador deben llamar al 1-800-522-0088 (TTY: 711). Los solicitantes de planes individuales y familiares deben llamar al 1-877-609-8711 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.

## Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card, o para sa grupo ng mga aplikante ng employer, mangyaring tawagan ang 1-800-522-0088 (TTY: 711). Para sa mga aplikante ng Plano para sa Indibidwal at Pamilya Individual & Family Plan, (IFP), mangyaring tawagan ang 1-877-609-8711 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

## **Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ ผู้สมัครกลุ่มนายจ้าง กรุณาโทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) ผู้สมัครแผนบุคคลและครอบครัว Individual & Family Plan (IFP) กรุณาโทร 1-877-609-8711 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

## **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 nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị, hoặc người nộp đơn vào chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi 1-800-522-0088 (TTY: 711). Người nộp đơn thuộc Chương Trình Cá Nhân & Gia Đình viết tắt trong tiếng Anh là (IFP) vui lòng gọi số 1-877-609-8711 (TTY: 711). Để nhận thêm trợ giúp: Nếu quý vị đăng ký hợp đồng bảo hiểm PPO hoặc EPO từ Health Net Life Insurance Company, vui lòng gọi Sở Y Tế CA theo số 1-800-927-4357. Nếu quý vị đăng ký vào chương trình HMO hoặc HSP từ Health Net of California, Inc., vui lòng gọi Đường Dây Trợ Giúp DMHC theo số 1-888-HMO-2219.