

Welcome Booklet

LEARN ABOUT YOUR NEW HEALTH PLAN AND BENEFITS



Take a look inside to find:

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1 Welcome to Health Net

MAKE THE MOST OF YOUR NEW HEALTH PLAN!

Your health plan is packed with benefits designed to help you be as healthy as you can be. We don't want you to miss out on any of your benefits. This Welcome Kit will help you get to know Health Net – and get started on your journey to good health!

Here's a quick look at what's inside



How to get care

Follow this guide to start using your benefits.



Where to get care

Doctor's office, telehealth, urgent care or emergency room? Know your options – and when it's best to choose one over the other.



What's covered

Take a closer look at your benefits:

- Medical
- Behavioral care
- Transportation
- Dental
- Telehealth
- Vision
- And more



Programs to improve your health

Explore no-cost programs and services that help you make – and meet – health goals. We're here to help, from having a healthy pregnancy to changing an unhealthy habit!



Choosing or changing your doctor

Make sure you have the doctor you want. You can change doctors by calling Member Services.



Health information form

Fill out the health information form to help us understand the support and services you need to be the healthiest you can be.

Contact us when you need to:

- Check on your ID card status.
- Find your benefit start date.
- Schedule your health appointment.
- Arrange no-cost transportation.
- Get answers to your questions.

Call (toll-free)

1-800-675-6110 (TTY: 711)
24 hours a day, 7 days a week

Online

www.healthnet.com

Schedule your Initial Health Appointment within the next 120 days!

Research shows that just **having** a Health Appointment can make you healthier! Scheduling your health appointment is a great first step toward better health.

Why is your health appointment so important?

1. You may not have seen a doctor in a while.

This is your chance to get preventive care services to help you stay healthy.

2. Your health changes from year to year.

Having a physical every year is a great way to catch health problems before they get serious.

3. Your doctor can help you manage serious health conditions.

That means finding treatment to help you feel better, so you can enjoy life more.



Need a ride? We can help!

Keep your plan for better health by scheduling a no-cost transportation to and from every health care appointment. This includes:

- Medical appointments
- Dental appointments¹
- Dialysis and other ongoing care
- Medical equipment pick up
- Therapist (including substance use help appointments)
- Specialist appointments
- Hospital discharge

Call Member Services to schedule a no-cost ride.



Call your doctor today to schedule your health appointment! Your doctor's name and phone number are listed on your member ID card.

When to start using your benefits

Your member ID card lists your start coverage date.

Where is my member ID card?

If you do not get your ID card after ten business days from the date of enrollment or the date the ID card was requested, please call Member Services toll-free, 24 hours a day, 7 days a week.

¹Dental applies to residents of Los Angeles and Sacramento.

2 Help Us Help You!

FILL OUT THE HEALTH INFORMATION FORM

Health Net has special programs and services for Medi-Cal members just like you.

When you fill out the Health Information Form, you're sharing your medical history and details about how you're feeling. All this helps us give you extra care or services when you need them.

We're also here to talk when you feel stressed, or need help with things like medicines and special health needs.

Follow these three easy steps

1. Fill out the form.

Please try to answer all the questions. If you need help filling out the form, call Member Services.

2. Put the form in the enclosed envelope.

You don't need stamps.

3. Mail the form.

Good for you! Sending in your form is the first step toward getting the right health care for you!

Your health information is private

We will only use the information on this form to help you get health care services. You can find out more about privacy in your member handbook in the Notice of Privacy section, or call Member Services.

Contact Member Services when you need:

- Help filling out your Health Information Form
- Mental health services
- Answers to your health care questions

(continued)

Need Help?

Call Member Services
(toll-free) 1-800-675-6110
(TTY: 711)

24 hours a day, 7 days a week

Online
www.healthnet.com

You are not alone – We're here for you!

- If you have troubles at home, at work or with friends or family
- If you feel sad, angry or worried
- If you have a problem with drugs or alcohol

If you need help, we have experts you can talk to right away. If you want, they can help you get an appointment with a therapist in our network – at no cost to you.

We can even arrange no cost transportation to your therapist appointment.





*Indicates Required Field

General Information

Member First Name

Member Last Name *Date of Birth (MMDDYYYY)

*Medi-Cal ID

On what date are these questions being answered (MMDDYYYY)

Member Preferred Phone Number

Member Email Address



Global Health

In general, how would you rate your health?
 Excellent Very Good Good Fair Poor Unknown

Do you have a doctor or health care provider? Yes No Unknown

Have you seen your doctor or health care provider in the last 12 months? Yes No Unknown

Do you ever have any problems with transportation to your medical appointments? Yes No Unknown

How many times have you been in the hospital in the last 3 months?
 None One time Two times Three or more times Unknown

How many times have you been in the Emergency Department in the last year?
 None One time Two times Three or more times Unknown

How many medicines are you currently taking that were prescribed by your doctor or health care provider?
 0 1-3 4-7 8-14 Greater than or equal to 15 Unknown

What is your height (enter response in feet/inches)?
 Feet 2 3 4 5 6 7 Unknown
 Inches 0 1 2 3 4 5 6 7 8 9 10 11 Unknown

What is your weight (enter response in pounds)?

Have you received a flu shot in the last 12 months? Yes No Unknown

Do you have problems with your teeth or mouth that make it hard for you to eat? Yes No Unknown

Do you eat at least 2 meals per day? Yes No Unknown

Do you eat fruits and vegetables every day? Yes No Unknown

Do you participate in any physical activity (such as walking, water aerobics, bowling, etc.) during the week?
 Yes No I am unable to exercise due to medical conditions Unknown

Do you always use a seatbelt when you drive or ride in a car? Yes No N/A Unknown



Member First Name

Member Last Name

*Date of Birth (MMDDYYYY)

*Medi-Cal ID

Physical Health

Have you ever been told by a doctor or health care provider that you have any of these conditions?

(Check all that apply)

- Arthritis
- Asthma
- Cancer
- Chronic Kidney Disease
- COPD/Emphysema
- Developmental Delay
- Diabetes Type 1
- Diabetes Type 2
- Pre-Diabetes
- Heart Disease
- Heart Failure
- Hepatitis
- High Blood Pressure
- High Cholesterol
- HIV
- Sickle Cell Disease (not trait)
- Stroke
- Transplant

Do you have any other conditions not listed above? Yes No

Are you pregnant? Yes No N/A

Behavioral Health

In general, how satisfied are you with your life?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- Unknown

In the past two weeks have you been bothered by any of the following problems?

Feeling Lonely

- Not at all
- Several Days
- More than half the days
- Nearly every day
- Unknown

Little interest or pleasure in doing things

- Not at all
- Several Days
- More than half the days
- Nearly every day
- Unknown

Feeling down, depressed or hopeless

- Not at all
- Several Days
- More than half the days
- Nearly every day
- Unknown

Over the past month (30 days), how many days have you felt lonely

- None - I never feel lonely
- Less than 5 days
- More than half the days (more than 15)
- Most Days - I always feel lonely

Do you feel the stress in your life is affecting your health? Yes No Unknown

What are your plans for managing stress? No changes needed No plan to change

- Started making changes
- Plan to change in the next month
- Plan to change in next 6 months
- Unknown

During the past year, how often did you have 5 or more alcoholic drinks in one day?

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or almost daily
- Unknown

During the past year, how often did you use tobacco products?

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or almost daily
- Unknown

Have you been diagnosed with a behavioral health disorder like anxiety, depression, bipolar or schizophrenia?

- Yes
- No
- Unknown

Member First Name

Member Last Name

*Date of Birth
(MMDDYYYY)

*Medi-Cal ID

Behavioral Health Continued

Have you been prescribed anti-psychotic medication within the past 90 days? Yes No Unknown

Activities of Daily and Independent Living

During the last month, have you had pain that interfered with completion of housework or your ability to work outside the home? Yes No Unknown

Do you have a caregiver who helps you on a regular basis? Yes No Unknown

Do you use any assistive devices? Yes No Unknown

Have you used oxygen in the last 90 days? Yes No Unknown

Do you receive any home health services? Yes No Unknown



Do you need help with any of these actions? (Check Yes or No to each action)

Taking a bath or shower Yes No

Going Upstairs Yes No

Eating Yes No

Getting dressed Yes No

Brushing Teeth, brushing hair, shaving Yes No

Making meals or cooking Yes No

Getting out of a bed or chair Yes No

Shopping and getting food Yes No

Using the toilet Yes No

Walking Yes No

Washing dishes or clothes Yes No

Writing checks or keeping track of money Yes No

Getting a ride to the doctor or to see your friends Yes No

Doing house or yard work Yes No

Going out to visit family or friends Yes No

Using the Phone Yes No

Keeping track of appointments Yes No

If yes, are you getting all the help you need with these actions Yes No

**In the past two months have you been living in stable housing that you own, rent or stay in as part of a household? Yes No Unknown

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Member First Name

Member Last Name

*Date of Birth (MMDDYYYY)

*Medi-Cal ID

Activities of Daily and Independent Living Continued

Can you live safely and move easily around in your home? Yes No

If No, does the place where you live have:

Good lighting? Yes No Good heating? Yes No

Good cooling? Yes No Rails for any stairs or ramps? Yes No

Hot Water? Yes No Indoor Toilet? Yes No

A door to the outside that locks? Yes No Stairs to get into your home or stairs inside your home? Yes No

Elevator? Yes No Space to use a wheelchair? Yes No

Clear ways to exit your home? Yes No

I would like to ask you about how you think you are managing your health conditions

Do you need help taking your medicines? Yes No

Do you need help filling out health forms? Yes No

Do you need help answering questions during a doctor's visit? Yes No

Do you have family members or others willing and able to help you when you need it? Yes No

Do you ever think your caregiver has a hard time giving you all the help you need? Yes No

Are you afraid of anyone or is anyone hurting you? Yes No

Have you had any changes in thinking, remembering, or making decisions? Yes No

Have you fallen in the last month? Yes No

Are you afraid of falling? Yes No

Do you sometimes run out of money to pay for food, rent, bills and medicine? Yes No

Is anyone using your money without your ok? Yes No

Would you like to work with a nurse or social worker to make a plan for your healthcare? Yes No

Would you like to talk with a nurse or social worker and your doctor about a plan to meet your healthcare needs? Yes No



3 Plan Overview

A quick preview of your coverage

Your Medi-Cal plan comes with a large network of doctors and hospitals. This means you have many doctors to choose from. Your plan also offers a variety of no-cost programs and services to help you get healthy and stay healthy.

Here are some of the features of your plan:

Medical

- Doctor visits and hospital care
- Wellness services
- Pregnancy and newborn care
- Lab tests and X-rays
- Nurse Advice Line
- Telehealth

Care for mental health conditions such as depression, anxiety, ADHD, and Autism in the form of:

- Outpatient therapy
- Psychiatric medication management
- Behavioral services for children and youth with Autism Spectrum Disorders and related conditions

Dental¹

- Regular checkups
- Cleaning and X-rays
- Fluoride treatments to prevent cavities
- Fillings, crowns, sealants and more

Eye care

- Eye exams
- Glasses



A healthier life is waiting for you! Call your doctor and schedule an appointment. You'll find their phone number on your ID card.

¹Dental applies to residents of Los Angeles and Sacramento.

Special services and programs

- **Care and disease management programs**

Get special help if you're living with a complex health condition, like diabetes, COPD, sickle cell anemia, HIV/AIDS, or other.

- **Care coordination services**

Find out how to connect with resources and services in your community.

- **No-cost transportation services**

Schedule a no-cost ride to your doctor, dentist¹ or specialist.

- **Video doctor visits**

Speak to a doctor without leaving the house! Get same day doctor visits by phone or video chat, using telehealth services.

- **Interpreter services for sign language or non-English speaking persons**

Request an interpreter to assist you during your medical and dental¹ appointments.

- **Health Education programs**

Get help and support to eat better, manage weight, get fit, quit smoking and more. We also have programs for new moms, children and teens.

- **Continuity of care**

If you were seeing a doctor that isn't in our network, you may still be able to see them. In some cases, you may continue to receive care with them for up to 12 months.



Want more details about your coverage?

- Explore your Member Handbook. It includes your rights and responsibilities.
- Call Member Services toll-free at 1-800-675-6110 (TTY: 711), 24 hours a day, 7 days a week.
- Go online: www.healthnet.com.

4 Set up Your Online Member Account

Explore your benefits

You'll find a wide range of information, tools and resources at www.healthnet.com for fast and easy access online. Once you set up your online account, you can:

- Download your ID card to your phone or print a copy.
- Find a doctor, urgent care center or hospital in your network.
- Review your health plan benefits.
- Access programs to help manage your weight or stop smoking.
- Update your information.

Follow the steps below to create your account

1. Find your member ID or social security number. Your member ID is on your ID card.
2. Go to www.healthnet.com.
3. Click Log In/Register.
4. Follow the instructions on the screen.

5 Find Your Primary Care Physician

Your primary care physician (PCP) is your doctor.

We have doctors who:

- Have convenient office hours
- Can take care of you – or you and your whole family
- Understand your unique cultural needs
- Speak your preferred language

Your doctor is your partner in health. They're there to listen, give advice and help. Choosing the right doctor can make a big difference in your health.

If you need to choose a new doctor, here are some things to think about:

Is the doctor part of your network and taking new patients?

Call Member Services to find out. You can also visit our website at www.healthnet.com and click Find a Provider.

Note: If you had a doctor before you became a Health Net member, and that doctor is not in our network, you may be able to keep seeing them for a limited time. Please call Member Services to speak to them about your specific situation.

How easy is it to get an appointment?

Make sure they offer appointment times that work for you. For example, you might need to come in to see your doctor before or after work or on weekends.

Think about where the doctor's office is located.

- How long will it take you to get there, from home or work?
- Is it easy to find parking?
- Can you take a bus or train?



Need a no-cost ride? If getting to any doctor or dental¹ appointment is problem, our no-cost ride service can help. To arrange a no-cost ride, call Member Services.

¹Dental applies to residents of Los Angeles and Sacramento.

Does this doctor offer online tools and phone or video visits?

Patient portals and apps can make it easy to:

- Email your doctor
- Check lab results
- Make online appointments
- Refill prescriptions

With phone or video visits, you can talk to a doctor from the comfort of your home.

Does this doctor meet your specific needs?

Think about what you're looking for in a doctor:

- Would you like to see a doctor who understands your culture and speaks your language?
- Do you want doctors who can take care of you and your family at the same location?
- Do you need to see a specialist or need care for special health issues?

The right doctor can help you and your family stay healthier. So, before you choose a new doctor, get the answers you need.

By phone (toll-free)
1-800-675-6110 (TTY: 711)
24 hours a day, 7 days a week

Online
Go to www.healthnet.com
Click "Find a Provider"



6 Meet Your Doctor

Your doctor is your partner in health. It's important to set up your first visit, so you can get to know each other. That may help you feel more comfortable talking about your health.



Your doctor will



Give you routine care, including:

- Yearly checkups
- Immunizations (shots)
- Treatment
- Prescriptions
- Medical advice
- Cancer screenings
- Diabetes and asthma management



Keep your health records.



Refer (send) you to specialists if needed.



Order X-rays, mammograms or lab work if you need them.

Contact us:

By phone (toll-free)
Call Member Services toll-free
1-800-675-6110 (TTY: 711)
Monday-Friday
24 hours a day, 7 days a week

Online
Go to www.healthnet.com
Click "Find a Provider"

Your annual wellness exam

A yearly checkup with your doctor helps you stay informed about your health. You can share changes you've noticed and bring up any health concerns. Your doctor can help you make a care plan to help you stay healthy. And, it's an ideal chance to ask questions about your health or about your medications. Call to set up your first visit and wellness exam.

Change your doctor

If you didn't choose a doctor when you enrolled, we chose one for you. If you'd like to change your doctor, give us a call.

7 Where to Go for Care

YOUR PLAN OFFERS A VARIETY OF WAYS TO GET THE CARE YOU NEED, WHEN YOU NEED IT.



At a doctor's office

Your doctor

Go to your doctor for routine and preventive care. This includes annual wellness exams, illness, immunizations, and general medical care.

Other in-network providers

Get care from other doctors, specialists or providers (like urgent care or hospitals) in your network. To find a doctor in your network, visit www.healthnet.com and click on the "Find a Provider" link.

Mental health services

Your plan includes coverage for:

- Counseling.
- Psychiatric services.

You don't need a referral from your doctor.

Find a therapist or psychiatrist at www.healthnet.com and click Find a Provider. You can also call Member Services and select Behavioral Health.



At home

Anytime video appointments

Can't meet with your doctor or need help when their office is closed? Use telehealth services for online video visits with a board-certified doctor 24 hours a day, 7 days a week. Telehealth services offers an easy option for non-emergency care. Telehealth doctors can prescribe medications when necessary. Your telehealth services contact information is listed on the back of your member ID card.

Anytime phone appointments

If you want to get mental health or substance use disorder services through a video or phone appointment please call Member Services and select Behavioral Health.

Nurse Advice Line

For real-time support to help understand symptoms and determine the level of care needed, call our nurse advice line and speak to a clinician 24 hours a day, 7 days a week. The telephone number is listed on the back of your member ID card and below.



In a clinic

Urgent care centers

Get same-day care for non-emergency, non-life threatening illnesses or injuries. Many urgent care centers now offer X-rays and lab tests.

Visit www.healthnet.com and click "Find a Provider" to find an urgent care center near you.

Note: Go straight to the nearest emergency room or call 911 if you have an emergency.

Emergency care is for life-threatening medical conditions or severe accidental injuries.

For help, call Member Services toll-free at 1-800-675-6110 (TTY: 711), 24 hours a day, 7 days a week.

8 How to Get Care

USING YOUR BENEFITS

We want to make sure you're set up to start using your benefits right away. There are still a few things you have to do, so let's get started!

1 Check your coverage start date

Your member ID card lists your coverage date. If you haven't received your member ID card in the mail, contact Member Services or find your coverage date online.

2 Confirm your doctor

Take a minute to make sure the right doctor is listed on your member ID card. If you need or want to choose a different doctor, you can. You always have a choice!

If you don't want to keep the doctor listed on your card, contact Member Services.

3 Make an appointment with your doctor

You need to see your doctor within 120 days after your coverage starts. To make an appointment, call your doctor's office at the number listed on your member ID card.

If getting to your appointment is an issue, our no-cost ride services can help! Call Member Services to schedule a no-cost ride.

4 Ask questions and get answers

During your first appointment, your doctor will do a health assessment to help understand your medical history and any health concerns you may have. This is also the perfect time for you to ask questions.

Contact us when you need to:

- Confirm your doctor.
- Make an appointment.
- Arrange no-cost transportation.
- Get answers to your questions.

By phone (toll-free)

1-800-675-6110 (TTY: 711)

24 hours a day, 7 days a week

Online

www.healthnet.com

9 Find a Doctor in Your Network

GET A PROVIDER DIRECTORY IN THREE WAYS



Online

Access our most up-to-date list of providers.¹ Use the *Find a Provider* link on our website, at **healthnet.com**, then:

1. Click on *Find a Provider*.
2. Enter your location.
3. Filter by type of Plan/Network.
4. Choose Medi-Cal from the drop down list.
5. Select type of provider.
6. Download a Provider Directory from the Provider Search page via the Provider Directory link at the bottom of the page.

Download a Provider Directory from the Provider Search page by clicking the Provider Directory link at the bottom of the page. This is our most updated list of providers. Provider availability is subject to change.

Get Your Member Handbook

You can also get a copy of the *Health Net Medi-Cal Member Handbook*. Download your copy from our website at **healthnet.com/shp**. Click on **Health Net Medi-Cal Member Handbook**. The Member Handbook will download as a PDF.



By phone

Call Member Services at **1-800-675-6110 (TTY: 711)**. You can reach us 24 hours a day, 7 days a week.



By mail (optional)

You can fill out the form below and we will mail you a copy of the Member Handbook and Provider Directory.

Note: When you return the completed form, please use the enclosed envelope.

Please write in print and fill out all information with blue or black ink.

- Check the county of the **Provider Directory** you want: Amador Calaveras Inyo Los Angeles
 Mono Sacramento San Joaquin Stanislaus Tulare Tuolumne
- Select an **alternate format**, if needed: Braille Large Text Audio
- For a **Member Handbook**, please check the language you prefer: English Spanish Arabic
 Armenian Cambodian Chinese Farsi Hmong Korean Russian Tagalog
 Vietnamese

Member name: _____ Member ID #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP code: _____

Phone: _____

¹Provider availability is subject to change.

10 Get Your Checkup Now...

ALL NEW HEALTH NET MEMBERS NEED TO GET A CHECKUP WITHIN 120 DAYS OF JOINING HEALTH NET.

The first checkup is very important because:



You will get to know who your doctor is before an illness occurs.



Your doctor can help you learn how to use your health plan services.



Your doctor will tell you who to call and where to go for medical treatment when the office is closed.



Your children will get the shots they need for school.



You will receive information about important health tests to help you and your children stay healthy.



Health Net's Nurse Advice Line

Do you feel sick and need advice? You can call your doctor and ask for help. Or you can call Health Net's Nurse Advice Line at **1-800-675-6110 (TTY: 711)** for fast and free advice. A nurse is available **24 hours a day, 7 days a week**. The nurse can speak to you in your preferred language and guide you to take care of your health care needs.

(continued)



By calling Health Net's Nurse Advice Line, you can:

- **Get information** to help you decide if you need to go to the emergency room.
- **Find out** if you can wait to see your doctor.
- **Discuss** your health problems and treatment options.
- **Receive tips** to help you feel better at home when you are sick.
- **Learn** about your medications and health needs.



Call the doctor whose name is printed on your member ID card to schedule a checkup today.

For more information, visit www.healthnet.com.

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

Programs and services are subject to change. Health education materials are available in different languages and alternative formats upon request.

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11 Healthy Smiles Start Here

Having healthy teeth can help keep the rest of your body healthy. That's why we offer Medi-Cal Dental benefits to our Medi-Cal members.

Medi-Cal Dental benefits include

Regular care to keep teeth healthy

- Exams and X-rays
- Cleanings
- Fluoride treatments to prevent cavities

Care to fix dental issues

- Fillings
- Root canals in front teeth
- Premade crowns
- Full dentures
- Other needed dental services

With Medi-Cal Dental from Health Net, you and your family can enjoy

- A network of caring, expert dentists who speak your language and understand your unique needs.
- Easy access to clinics near you.
- Case managers to help with your dental care.
- Health education and wellness programs.

Find out more about Medi-Cal Dental

If you live in Los Angeles or Sacramento counties, contact Health Net:

Call (toll-free)
1-800-213-6991 (TTY: 711)
Monday–Friday
8 a.m. to 6 p.m.

Online
www.hndental.com

If you don't live in Los Angeles or Sacramento counties, contact Medi-Cal Dental:

Call (toll-free)
1-800-322-6384 (TTY: 711)
Monday–Friday
8 a.m. to 5 p.m.

Online
<https://dental.dhcs.ca.gov/Beneficiaries/Denti-Cal/>

12 Take Charge of Your Health!

HEALTH EDUCATION PROGRAMS AND SERVICES

We all want better health. With help and support, your health goals, are within reach. We have a wide range of no-cost programs, services and tools to help you and your family take steps toward better health.

Programs for all



Feel good about your weight

Having a healthy weight is about more than just counting calories. The Fit Families for Life and Healthy Habits for Healthy People Weight Control Programs can help you meet your weight goals. Maybe you'd like your clothes to fit better. Maybe you need to keep up with your grandchildren. Whatever your reason, we have the tools and support you need.



Quit tobacco for good

Quitting smoking and vaping is one of the best things you can do for your health. It's also a great way to save money. Smokers spend about \$180 a month on cigarettes!

We know quitting isn't easy, but you don't have to do it alone. We're here to help, with phone support, facts about quitting and medicines to help cut your cravings.

Call Kick It California toll free at **800-300-8086 (TTY: 711)**. Hours of operation are Monday–Friday, 7 a.m. to 9 p.m., and Saturday 9 a.m. to 5 p.m.



(continued)

Programs for families and children



Give your baby a healthy start

When you're pregnant, you have many questions. How is my baby growing? How can I take care of myself? Is this normal? Our healthy pregnancy program gives you answers, advice and support. See your doctor as soon as you know you're pregnant.



Mental health matters

The way you think and feel may impact your overall health. Our mental health resources can help you learn more, feel better and live well.

Find out more about other programs and services



Healthy Hearts, Healthy Lives – a self paced program

Get a toolkit, which includes a workbook to help you have a healthy heart.



Diabetes prevention program

This program gives you support and tools you need to lose weight and reduce your risk of getting type 2 diabetes and heart disease.



Learn More in Health Education Classes

Attend classes on various topics to help you stay healthy.

Contact us by calling the toll-free phone numbers below:

Health Education Information Line
800-804-6074 (TTY: 711)

Monday–Friday
9 a.m. to 5 p.m.

Member Services
800-675-6110 (TTY: 711)

24 hours a day
7 days a week

Online

www.healthnet.com

Log In to your account on the website and visit our health education materials library. We have articles on:

Diabetes

Asthma

High blood pressure

Immunizations (shots)

Health screenings

And, many more

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions. Programs and services are subject to change.

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13 Health Net's Preventive Screening Guidelines

GUIDELINES FOR CHILDREN AND ADULTS





Use this guide to help remind you to schedule well-care visits with your family doctor. Always seek and follow the care and advice of your doctor because these guidelines are updated regularly and may change.

This information is not medical advice and does not mean specific benefit coverage. Please check your plan benefit language for coverage, limitations and exclusions.

Helping you stay healthy

For more information or detailed guidelines, visit www.healthnet.com or call one of the numbers below.

Health Net Medi-Cal members:

- **Health Education Information Line: Call 800-804-6074 (TTY: 711)**, Monday–Friday 9 a.m. to 5 p.m. for free health education materials and resources. You can get information about our stop smoking program, weight control programs and much more. Health education materials are available in different languages and alternative formats upon request.
- **For questions about your Medi-Cal benefits: 800-675-6110 (TTY: 711)**, 24 hours a day, 7 days a week.



Recommended immunization (shots)

Schedule for persons aged 0 through 6 years^{1,2}

Vaccine	At birth	Age (in months)									Age (in years)				
		1	2	4	6	9	12	15	18	19-23	2-3	4	5	6	
Hepatitis B (HepB)	✓	✓	Catch up if needed			✓						Catch up if needed			
Rotavirus (RV)			✓	✓	✓										
Diphtheria, tetanus, pertussis (DTaP)			✓	✓	✓	Catch up if needed		✓			Catch up if needed			✓	
Haemophilus influenzae type b (Hib)			✓	✓	✓	Catch up if needed	✓			Catch up if needed				High-risk groups	
Pneumococcal			✓	✓	✓	Catch up if needed	✓			Catch up if needed				High-risk groups	
Inactivated poliovirus (IPV)			✓	✓			✓			Catch up if needed			✓		
Influenza (flu)										✓ Yearly					
COVID 19										✓ As your doctor suggests					
Measles, mumps, rubella (MMR)					High-risk groups		✓			Catch up if needed				✓	
Varicella (VAR)							✓			Catch up if needed				✓	
Hepatitis A (HepA)										✓ 2 doses				✓ As your doctor suggests, high-risk groups	
Meningococcal										✓ High-risk groups					

Catch up if needed: If you have missed your shot(s) in the past, you can talk to your doctor about getting this shot at this time.

High-risk groups: Check with your doctor to see if you need this shot.



Recommended immunization (shots)

Schedule for persons aged 7 through 18 years^{1,2}

Vaccine	Age (in years)		
	7-10	11-12	13-18
Tetanus, diphtheria, pertussis (Tdap)	Catch up if needed	✓ 1 dose	Catch up if needed
Human papillomavirus (HPV)	High-risk groups	✓ As your doctor suggests	Catch up if needed
Influenza (flu)	✓ Yearly		
COVID 19	✓ As your doctor suggests		
Pneumococcal	High-risk groups		
Hepatitis A (HepA)	As your doctor suggests, high-risk groups		
Hepatitis B (HepB)	Catch up if needed		
Inactivated poliovirus (IPV)	Catch up if needed		
Measles, mumps, rubella (MMR)	Catch up if needed		
Varicella (VAR)	Catch up if needed		
Haemophilus influenzae type b (Hib)	High-risk groups		
Meningococcal	High-risk groups	✓ 1 dose	✓ Catch-up if needed booster at age 16
Meningococcal B	High-risk groups, ages 10-18 years		

Catch up if needed: If you have missed your shot(s) in the past, you can talk to your doctor about getting this shot at this time.

High-risk groups: Check with your doctor to see if you need this shot.





Recommended screenings (tests)

Schedule for persons aged 0 through 18 years^{1,2,3}

Service	Age (in months)						Age (in years)		
	Birth–6	9	12	15	18	19–36	3–10	11–12	13–18
Routine health exam	At birth, 3–5 days, and at 1, 2, 4, and 6 months	Every 3 months			Every 6 months		Every year		
Lead testing	Starting at 6 months, check during routine health exams. Test at 12 months and 24 months or as your doctor suggests.								
Dental visit	Every 6–12 months, or as your dentist suggests								
Dental fluoride varnish or supplement	Starting at 6 months, as your doctor/dentist suggests.								
Blood test	Once between 0–2 months	Check at 4 and 12 months, and during routine health exam if high risk or as your doctor suggests							
Body mass index (BMI)						Starting at age 2, check BMI during routine health exam			



Recommended immunization (shots)

Schedule for adults^{1,2}

Vaccine	Age (in years)				
	19–26	27–49	50–59	60–64	65 and over
COVID 19	✓ As your doctor suggests				
Tetanus, diphtheria, pertussis (Td/Tdap)	✓ 1 dose Tdap, then boost with Td every 10 years				
Human papillomavirus (HPV)	✓ As your doctor suggests	If high risk or as your doctor suggests			
Varicella (VAR)	✓ 2 doses				
Zoster			✓ 2 doses RZV starting at age 50 or 1 dose ZVL starting at age 60		
Measles, mumps, rubella (MMR)	✓ 1 or 2 doses or as your doctor suggests				
Influenza (flu)	✓ Every year				
Pneumococcal (PPSV 23 or PCV 13)	If high risk or as your doctor suggests				✓ 1 dose
Hepatitis A (HepA)	2 or 3 doses if high risk or as your doctor suggests				
Hepatitis B (HepB)	3 doses if high risk or as your doctor suggests				
Haemophilus influenzae type b (Hib)	1 or 3 doses if high risk or as your doctor suggests				
Meningococcal	1 or more doses if high risk or as your doctor suggests				
Meningococcal B	2 or 3 doses if high risk or as your doctor suggests				

High-risk groups: Check with your doctor to see if you need this shot.



Recommended health screenings (tests)

Schedule for adults^{1,2,4}

Service	Age (in years)		
	19–39	40–64	65 and over
Routine health exam	Every year		
Hearing screening to check for hearing loss	As your doctor suggests		
Vision screening to check for eye problems	Every 5–10 years	Every 2–4 years for ages 40–54; every 1–3 years for ages 55–64	Every 1–2 years
Aspirin therapy to prevent heart disease	Discuss with your doctor in routine health exam		
Blood pressure to check for high blood pressure	Every 1–2 years		
Body mass index (BMI) to check for obesity	Check during routine health exams		
Cholesterol screening to check for blood fats	As your doctor suggests	If at increased risk, check every 5 years starting at age 35 for men and age 45 for women	
Colorectal cancer screening to check for colorectal cancer	For ages 40–44, as your doctor suggests. Beginning at age 45, talk to your doctor about how often and what test to be done		
Glucose screening to check for blood sugar	Check if high risk	Every 3 years or as your doctor suggests	
Human immunodeficiency virus (HIV)	One-time screening, repeat screening if at high risk		As your doctor suggests
Dental	Every 6 months		
Hepatitis C and hepatitis B	Screen if high risk or as your doctor suggests		





Recommended health screenings (tests)

Schedule for women^{1,2}

Service	Age (in years)		
	19–39	40–64	65 and older
Pelvic exam with Pap test to check for cervical cancer	For sexually active non-pregnant people, starting at age 21, screen every 3 years; starting at age 30, screen every 3–5 years or as your doctor suggests		As your doctor suggests
Mammogram to check for breast cancer	Check every year starting at age 35 if high risk	Every 1–2 years or as your doctor suggests	
Breast exam by doctor	Every 1–3 years	Every year	
Self breast exam/breast self-awareness to check for breast changes	Monthly		
Chlamydia screening to check for Chlamydia, a sexually transmitted disease	Every year through age 24 for sexually active non-pregnant people; every year beginning at age 24 if high risk		
Bone density test to check for bone loss		Screening based on risk	Every 2 years



Recommended health screenings (tests)

Schedule for men^{1,2}

Service	Age (in years)		
	19–39	40–64	65 and older
Prostate-specific antigen (PSA/DRE) to check for prostate cancer		As your doctor suggests	
Abdominal ultrasound to check for abdominal aortic aneurysm (swelling of a large blood vessel around the stomach area)			Once, for those ages 65–75 who have ever smoked or have risks
Testicles self-exam	As your doctor suggests		

¹These guidelines may change. Please speak with your doctor.

²Doctor should follow proper series and current guidelines by the Centers for Disease Control and Prevention (CDC), US Preventive Services Task Force (USPSTF), and American Academy of Pediatrics (AAP).

³Routine health exams, counseling and education for children and adolescents should include measuring the patient's height, weight and blood pressure. Exams should also include body mass index (BMI), along with vision and hearing tests. Counseling and education could include, but are not limited to:

- Contraception/family planning
- Critical congenital heart defect, heart health
- Dental health
- Developmental/behavioral assessment
- Injury/violence prevention
- Mental health, e.g., depression/eating disorders
- Nutrition/exercise
- Sexually transmitted infections (STIs) and HIV screening
- Substance abuse, e.g., alcohol and drug abuse prevention
- Tobacco use and smoking cessation
- Tuberculosis (TB) screening
- Weight management

⁴Routine health exams, counseling and education for adults should include measuring the patient's height, weight, blood pressure, body mass index (BMI), vision and hearing tests, depression, and screening for alcohol or drug use. Recommendations vary based on history and risk factors. Counseling and education could include:

- Cancer screenings, e.g., lung cancer screening and BRCA risk assessment
- Contraception/prepregnancy
- Dental health
- Drug prevention/Cessation
- Family planning
- Heart health, electrocardiogram (ECG) screening
- Injury/violence prevention
- Maternity planning
- Menopause
- Mental health, e.g., depression/eating disorders
- Nutrition/exercise
- Sexual practices, sexually transmitted infections (STIs) and HIV screening
- Substance abuse, e.g., alcohol and drug abuse prevention
- Tobacco use and smoking cessation
- Tuberculosis (TB) screening
- Weight management

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions. Programs and services are subject to change.

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BKT063120EPOO (8/23)

14 Get Help and Support with Emergency Services from Health Net

Health Net is here to support our members and communities during times of need. We have many ways to assist you if you have been affected by an emergency. They include:



Phone outreach support

- Ensure you and your family are safe. We'll review all emergency safety (fire, flood, earthquake etc.) information.
- Connect you to:
 - Local evacuation centers
 - Resources
 - Transportation
- Gauge your need for any medical help and medications. We will also connect you to other provider and pharmacy options, if you can't access your:
 - Regular provider
 - Specialist
 - Local pharmacy
- Find other COVID-19 vaccine appointment options, if you can't make a current appointment.



On-site support

- Give direct member support on-site and at local county evacuation centers.
- Provide health care help. Plus, assist you with the many resources and services available to you in your nearby community.
- Help you to:
 - Schedule appointments
 - Find a pharmacy or help with your medication(s)
 - Book transportation to and from medical appointments and pharmacy visits



Health Net emergency numbers

Member Services:

1-800-675-6110
(available 24/7)

Emergency Prescription Supply Information:

1-800-400-8987
8am to 6pm,
Monday through Friday

Mental Health Hotline:

1-800-227-1060
(available 24/7)

Information for Healthcare Providers:

1-800-641-7761
8am to 6pm,
Monday through Friday



MEDI-CAL CHOICE FORM

Use this form to join or change health/dental plans. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS ● TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

M
 F

1) Head of Household Name (First Name, Last Name) _____

2) Sex _____ 3) Telephone Number _____

4) Home Address (House Number, Street, Apartment Number, City, and Zip Code) _____

Please choose a Health and a Dental Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Plan Provider Directory.

M
 F

5) Applicant's Name (First Name, Last Name) _____ 6) Sex _____ 6a) Due Date (if pregnant) _____ 6b) Social Security Number _____

I wish to JOIN or change my plan to:
 170 KP Cal, LLC 015 Aetna Better Health of CA
 150 Health Net Comm Solutions 000 Regular Medi-Cal (FFS)
 190 Anthem Blue Cross Partnrshp
 130 Molina Healthcare Partner Doctor/Clinic Code _____

HEALTH PLANS

I wish to JOIN or change my plan to:
 421 Access Dental Plan 000 Regular Medi-Cal (FFS)
 425 Liberty Dental Plan of CA
 427 HealthNet of California Dentist/Clinic Code _____

DENTAL PLANS

Enter plan change reason code*

M
 F

5) Applicant's Name (First Name, Last Name) _____ 6) Sex _____ 6a) Due Date (if pregnant) _____ 6b) Social Security Number _____

I wish to JOIN or change my plan to:
 170 KP Cal, LLC 015 Aetna Better Health of CA
 150 Health Net Comm Solutions 000 Regular Medi-Cal (FFS)
 190 Anthem Blue Cross Partnrshp
 130 Molina Healthcare Partner Doctor/Clinic Code _____

HEALTH PLANS

I wish to JOIN or change my plan to:
 421 Access Dental Plan 000 Regular Medi-Cal (FFS)
 425 Liberty Dental Plan of CA
 427 HealthNet of California Dentist/Clinic Code _____

DENTAL PLANS

Enter plan change reason code*

M
 F

5) Applicant's Name (First Name, Last Name) _____ 6) Sex _____ 6a) Due Date (if pregnant) _____ 6b) Social Security Number _____

I wish to JOIN or change my plan to:
 170 KP Cal, LLC 015 Aetna Better Health of CA
 150 Health Net Comm Solutions 000 Regular Medi-Cal (FFS)
 190 Anthem Blue Cross Partnrshp
 130 Molina Healthcare Partner Doctor/Clinic Code _____

HEALTH PLANS

I wish to JOIN or change my plan to:
 421 Access Dental Plan 000 Regular Medi-Cal (FFS)
 425 Liberty Dental Plan of CA
 427 HealthNet of California Dentist/Clinic Code _____

DENTAL PLANS

Enter plan change reason code*

INTERNAL USE ONLY

*** PLAN CHANGE REASON CODES:**

Code 1: I could not choose the doctor or dentist I wanted
Code 2: The health/dental plan did not meet my needs
Code 3: My doctor/dentist did not meet my needs
Code 4: Too far to go
Code 5: I did not choose this plan
Code 6: Moving out of the county
Code 7: Indian Health Program Exemption
Code 8: Medical/Dental Exemption
Code 9: Other

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/We have made written choice to receive Medi-Cal benefits through the health/dental plans as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to change my/our current Medi-Cal health/dental plan, I/we must complete this form.

Head of Household's Signature _____ Date _____ Other Adult's Signature _____ Date _____ Other Adult's Signature _____ Date _____

7254061943

Highly Confidential



Please use the envelope labeled **“Health Information Form”** to mail back your *Health Information Form*.

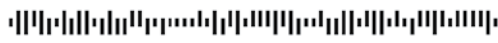
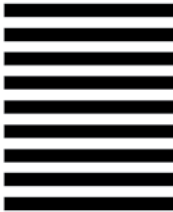

BRE064013E000 (10/23)
Health Information Form

SAMPLE ONLY

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2010 FARMINGTON, MO
POSTAGE WILL BE PAID BY ADDRESSEE

**MEDICAL MANAGEMENT NOTIFICATIONS
PO BOX 2010
FARMINGTON MO 63640-9706**

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Please use the envelope labeled **“Provider Directory Request”** to mail back your *Provider Directory Request slip*.

BRE064014E000 (10/23)
Provider Directory Request

SAMPLE ONLY

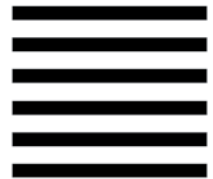


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4053 RANCHO CORDOVA, CA

POSTAGE WILL BE PAID BY ADDRESSEE

HEALTH NET LLC
PO BOX 9103
VAN NUYS CA 91499-4273



Please use the envelope shown below to mail back your **Medi-Cal Choice Enrollment Form**.



Nondiscrimination Notice

Health Net follows State and Federal civil rights laws and does not discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

Health Net provides:

- Free aids and services to people with disabilities to communicate better with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- 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 or to request this document in an alternative format, contact the Health Net Customer Contact Center at 1-800-675-6110 (TTY: 711), 24 hours a day, 7 days a week, 365 days a year.

If you believe that Health Net has failed to provide these services or unlawfully discriminated in another way, you can file a grievance with Health Net by phone, in writing, in person or electronically:

- By phone: Call Health Net Civil Rights Coordinator at 1-866-458-2208 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.
- In writing: Fill out a complaint form or write a letter and send it to Health Net Civil Rights Coordinator, P.O. Box 9103, Van Nuys, CA 91409-9103.
- In person: Visit your doctor's office or Health Net and say you want to file a grievance.
- Electronically: Visit Health Net's website at www.healthnet.com

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing or electronically:

- By phone: Call 916-440-7370. If you cannot speak or hear well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to Deputy Director, Office of Civil Rights, Department of Health Care Services, Office of Civil Rights, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413.
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

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 by phone, in writing or electronically:

- By phone: 1-800-368-1019 (TDD: 1-800-537-7697)
- In writing: Fill out a complaint form or send a letter to U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English: If you, or someone you are helping, need language services, call 1-800-675-6110 (TTY: 711). Aids and services for people with disabilities, like accessible PDF and large print documents, are also available. These services are at no cost to you.

Arabic: إذا كنت أنت أو أي شخص تقوم بمساعدته، بحاجة إلى الخدمات اللغوية، فاتصل بالرقم (1-800-675-6110 (TTY: 711) تتوفر أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل الملفات المنقولة (PDF) التي يمكن الوصول إليها والمستندات المطبوعة الكبيرة. تتوفر هذه الخدمات بدون تكلفة بالنسبة لك.

Armenian: Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, ունեն լեզվական օգնության կարիք, գանգառաքեք 1-800-675-6110 (TTY 711): Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ մատչելի PDF և մեծ տպագրություններ փաստաթղթեր: Այս ծառայությունները ձեզ համար անվճար են:

Cambodian: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរសព្ទទៅលេខ 1-800-675-6110 (TTY: 711)។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់អ្នកដែលពិការ ដូចជាទម្រង់ PDF សម្រាប់អ្នកពិការ និងឯកសារព្រឹត្តិការណ៍ខ្នាតធំក៏មានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះត្រូវបានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ។

Chinese: 如果您或者您正在帮助的人需要语言服务，请致电1-800-675-6110 (TTY: 711)。还可提供面向残疾人士的帮助和服务，例如无障碍 PDF 和大字版文档。这些服务免费为您提供。

Farsi: اگر شما یا هر فرد دیگری که به او کمک می‌کنید نیاز به خدمات زبانی دارد، با شماره 1-800-675-6110 (TTY: 711) تماس بگیرید. کمک‌ها و خدماتی مانند مدارک با چاپ درشت و PDF دسترس پذیر نیز برای معلولان قابل عرضه است. این خدمات هزینه‌ای برای شما نخواهد داشت.

Hindi: यदि आपको, या जिसकी आप मदद कर रहे हैं उसे, भाषा सेवाएँ चाहिए, तो कॉल करें 1-800-675-6110 (TTY: 711)। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे सुलभ PDF और बड़े प्रिंट वाले दस्तावेज़, भी उपलब्ध हैं। ये सेवाएँ आपके लिए मुफ्त उपलब्ध हैं।

Hmong: Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab nws, xav tau cov kev pab cuam txhais lus, hu rau 1-800-675-6110 (TTY: 711). Tsis tas li ntawd, peb kuj tseem muaj cov khoom siv pab thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si, xws li cov ntaub ntawv PDF uas tuaj yeem nkag cuag tau yooj yim thiab cov ntaub ntawv luam tawm uas pom tus niam ntawv loj. Cov kev pab cuam no yog muaj pab yam tsis xam nqi dab tsi rau koj them li.

Japanese: ご自身またはご自身がサポートしている方が言語サービスを必要とする場合は、1-800-675-6110 (TTY: 711)までお問い合わせください。障がいをお持ちの方のために、アクセシブルなPDFや大きな文字で書かれたドキュメントなどの補助・サービスも提供しています。これらのサービスは無料で提供されています。

Korean: 귀하 또는 귀하가 도와주고 있는 분이 언어 서비스가 필요하시면 1-800-675-6110 (TTY: 711) 번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 액세스 가능한 PDF 및 대형 활자 인쇄본)도 제공됩니다. 이 서비스는 무료로 이용하실 수 있습니다.

Laotian: ຖ້າທ່ານ, ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ຕ້ອງການບໍລິການແປພາສາ, ໂທ 1-800-675-6110 (TTY: 711). ນອກນັ້ນ, ພວກເຮົາຍັງມີອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການອີກດ້ວຍ, ເຊັ່ນ ເອກະສານ PDF ທີ່ສາມາດເຂົ້າເຖິງໄດ້ສະດວກ ແລະ ເອກະສານພິມຂະໜາດໃຫຍ່. ການບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານໃດຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

Mien: Da'faanh Meih, Fai Heuc Meih Haih Tengx, Oix Janx-kaeqv waac gong, Heuc 1-800-675-6110 (TTY: 711). JomcCaux gong Bun Yangh mienh Caux mv fungc, Oix dongh eix PDF Caux Bunh Fiev dimc, Haih yaac kungx nyei. Deix gong Haih buac Yietc liuz maiv jaax-zinh Bieqc Meih.

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Punjabi: ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਨੂੰ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ 1-800-675-6110 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਪਹੁੰਚਯੋਗ PDF ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਹਨ।

Russian: Если вам или человеку, которому вы помогаете, необходимы услуги перевода, звоните по телефону 1-800-675-6110 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы в специальном формате PDF или напечатанные крупным шрифтом. Эти услуги предоставляются бесплатно.

Spanish: Si usted o la persona a quien ayuda necesita servicios de idiomas, comuníquese al 1-800-675-6110 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en letra grande y en archivos PDF accesibles. Estos servicios no tienen ningún costo para usted.

Tagalog: Kung ikaw o ang taong tinutulongan mo ay kailangan ng mga serbisyo sa wika, tumawag sa 1-800-675-6110 (TTY: 711). Makakakuha rin ng mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng naa-access na PDF at mga dokumentong malaking print. Wala kang babayaran para sa mga serbisyong ito.

Thai: หากคุณหรือคนที่คุณช่วยเหลือ ต้องการบริการด้านภาษา โทร 1-800-675-6110 (TTY: 711) นอกจากนี้ยังมี ความช่วยเหลือและบริการสำหรับผู้ทุพพลภาพ เช่น PDF ที่เข้าถึงได้และเอกสารที่พิมพ์ขนาดใหญ่ บริการเหล่านี้ ไม่มีค่าใช้จ่ายสำหรับคุณ

Ukrainian: Якщо вам або людині, якій ви допомагаєте, потрібні послуги перекладу, телефонуйте на номер 1 800 675 6110 (TTY: 711). Ми також надаємо матеріали та послуги для людей з обмеженими можливостями, як-от документи в спеціальному форматі PDF або надруковані великим шрифтом. Ці послуги для вас безкоштовні.

Vietnamese: Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ cần dịch vụ ngôn ngữ, hãy gọi 1-800-675-6110 (TTY: 711). Chúng tôi cũng có sẵn các trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu dạng bản in khổ lớn và PDF có thể tiếp cận được. Quý vị được nhận các dịch vụ này miễn phí.



For more information please contact

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Woodland Hills, CA 91367

Member Services

Toll-free 1-800-675-6110 (TTY: 711)
24 hours a day, 7 days a week

Enrollment Services

Toll-free 1-800-327-0502 (TTY: 711)
Monday–Friday, 7:30 a.m.–6 p.m.

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