

Brought to you by Health Net



# Medi-Cal 101 – Answering Your Questions about Medi-Cal

LEARN WHAT MEDI-CAL HAS TO OFFER AND FIND OUT IF YOU QUALIFY



[www.healthnet.com](http://www.healthnet.com)



# My Medi-Cal Roadmap: Summary



## Apply for Medi-Cal and make a plan to be healthy

You can apply for Medi-Cal online through [www.CoveredCA.com](http://www.CoveredCA.com) or [www.BenefitsCal.com](http://www.BenefitsCal.com). Or by mail, phone, or in person through your local county human services agency. Once you submit your application, your local county human services agency will decide if you are able to qualify for Medi-Cal or if more information is needed.

### If you do qualify:

1. You will receive a Medi-Cal benefits identification card (BIC) in the mail.
2. Select a health plan.
3. Choose a doctor.
4. Receive your health plan ID card.
5. Start using your Medi-Cal benefits!

## What benefits does Medi-Cal offer?

Medi-Cal benefits include:

- Case management
- Dental care
- Durable medical equipment
- Emergency services
- Hospitalization
- Hospice care
- Lab and radiology services (such as X-rays)
- Mental health services
- Maternity and newborn care
- 24/7 Nurse Advice Line
- Outpatient services
- Prescription drugs
- Transportation and much more!





# Medi-Cal 101 – Overview

## What is Medi-Cal?

Medi-Cal is a state health program that offers no-cost or low-cost health coverage to California:

- Adults
- Families with children
- Seniors
- Persons with disabilities
- Pregnant women
- Children in foster care
- Former foster youth up to age 26

## Did you know?

Qualified people can enroll in Medi-Cal year-round. Plus, **all qualified individuals living in California can get Medi-Cal despite their immigration status.** Their complete healthcare coverage includes:

**\$0** doctor visits

**\$0** prescription drug coverage

**\$0** monthly plan premiums

**\$0** health education programs

**\$0** vaccinations

# Frequently Asked Questions

## Why should I enroll in Medi-Cal?

You should enroll because healthcare is a part of life! And Medi-Cal offers medical and dental coverage **whether you can pay or not**. Plus, maintaining preventive healthcare can help you reach your best long-term health goals.

Access to healthcare can also better your social skills and your mental and physical health. This can help to raise your overall standard of living.

Rest assured in knowing that health insurance through Medi-Cal is offered to **all Californians who qualify**.

 <p><b>Keep your body and mind healthy with:</b></p>	 <p><b>Get help when sick or hurt with:</b></p>	 <p><b>Keep on smiling with:</b></p>	 <p><b>Plan &amp; care for your pregnancy and baby:</b></p>	 <p><b>Get your medication with:</b></p>	 <p><b>Get a no-cost ride for:</b></p>
<ul style="list-style-type: none"> <li>• Health screenings</li> <li>• Vaccines</li> <li>• Routine health checkups</li> <li>• Behavioral health</li> <li>• Diet and exercise plans</li> <li>• Physical therapy</li> <li>• Dental and vision care</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care doctor's visit</li> <li>• Telehealth appointments</li> <li>• Urgent care</li> <li>• ER</li> </ul>	<ul style="list-style-type: none"> <li>• Dental exam</li> <li>• Teeth cleaning</li> <li>• Emergency services</li> <li>• Fluoride treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Family planning</li> <li>• Pregnancy testing</li> <li>• Prenatal care</li> <li>• Vaccines and screening</li> <li>• Well-child visits and school physicals</li> </ul>	<ul style="list-style-type: none"> <li>• No-cost prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Medical appointments</li> <li>• Dental visits</li> <li>• Pharmacy</li> <li>• Dialysis and other sustained care</li> <li>• Therapist, including substance abuse help visits</li> <li>• Specialist appointments</li> <li>• Medical equipment pick up</li> <li>• Hospital discharge</li> </ul>



## What are some Medi-Cal preventive care screenings?

### Screenings include:

**Initial Health Appointment (IHA)** – Your family has better health when you are healthy. Your IHA includes an age-suitable history and a physical exam. **Put wellness visits at the top of your list for you and your family’s health.**

**Well-child visits and vaccinations** – It is important to follow the **American Academy of Pediatrics (AAP) well-care schedule**. Well-child visits and vaccinations help ensure your children’s health is taken care of before they get sick.

**Teen visits and vaccinations** – Keep your teens healthy! **It is important to have teenagers get their checkups.** Schedule a teen well-child visit for their current and ongoing health.

**Women’s health** – Mammograms can help detect lumps. Cervical cancer is slow growing so **routine screenings are needed to stay healthy**. Make a plan to be healthy and stick to it.

**General health** – Includes complete diabetes prevention and care along with blood pressure control. Make preventive care a top goal and feel good about taking care of you.



## What is the Federal Poverty Level?

The Federal Poverty Level (FPL) is a standard of measure. U.S. Department of Health and Human Services (DHHS) uses the FPL to find out if a person is able to receive government-controlled programs and services like Medi-Cal.

Government agencies revise and publish FPL amounts every year. You can visit the Department of Healthcare Services (DHCS) website at [www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx) for the latest FPL information.

## Program eligibility by Federal Poverty Level for 2025

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (FPL).

		Federal Premium Tax Credit*										
		Tax credit continues beyond 400%										
SEE NOTE BELOW FOR INCOMES IN THIS RANGE		American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)									AIAN Limited Cost Sharing ** (over 300%)	
		Silver 94 (100%-150%)			Silver 87 (>150%-200%)		Silver 73 (>200%)					
% FPL		0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
Household Size	1	\$0	\$15,060	\$20,783	\$22,590	\$30,120	\$32,078	\$37,650	\$40,060	\$45,180	\$48,494	\$60,240
	2	\$0	\$20,440	\$28,208	\$30,660	\$40,880	\$43,538	\$51,100	\$54,371	\$61,320	\$65,817	\$81,760
	3	\$0	\$25,820	\$35,632	\$38,730	\$51,640	\$54,997	\$64,550	\$68,682	\$77,460	\$83,141	\$103,280
	4	\$0	\$31,200	\$43,056	\$46,800	\$62,400	\$66,456	\$78,000	\$82,992	\$93,600	\$100,464	\$124,800
	5	\$0	\$36,580	\$50,481	\$54,870	\$73,160	\$77,916	\$91,450	\$97,303	\$109,740	\$117,788	\$146,320
	6	\$0	\$41,960	\$57,905	\$62,940	\$83,920	\$89,375	\$104,900	\$111,614	\$125,880	\$135,112	\$167,840
	7	\$0	\$47,340	\$65,330	\$71,010	\$94,680	\$100,835	\$118,350	\$125,925	\$142,020	\$152,435	\$189,360
	8	\$0	\$52,720	\$72,754	\$79,080	\$105,440	\$112,294	\$131,800	\$140,236	\$158,160	\$169,759	\$210,880
	add'l, add	\$0	\$5,380	\$7,425	\$8,070	\$10,760	\$11,460	\$13,450	\$14,311	\$16,140	\$17,324	\$21,520
		Medi-Cal for Adults			Medi-Cal for Pregnant Individuals			Medi-Cal Access Program (for Pregnant Individuals)				
Medi-Cal		Medi-Cal for Kids (0-18 Yrs.)						CCHIP (San Francisco, San Mateo, and Santa Clara county residents)				

**Note:** Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Enhanced Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

**Enhanced Silver 94, 87 and 73 plans** have no deductibles, and lower co-pays and out-of-pocket maximum costs.

\* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

\*\* AI/AN members with household incomes above 300% FPL will be eligible for the Limited Cost Sharing and the Silver 73.

Covered California. Federal Poverty Level. Covered California, [www.coveredca.com/support/financial-help/federal-poverty-level/](http://www.coveredca.com/support/financial-help/federal-poverty-level/).



## Medi-Cal Programs

Please reference Covered California Chart on page 7.

**The column headings shaded in orange are associated with eligibility ranges for Medi-Cal programs:**

Medi-Cal uses FPL limits for the current year, [as calculated by the Department of Health Care Services](#), to determine eligibility for its programs.

Medi-Cal for Adults	up to 138% FPL
Medi-Cal for Children	up to 266% FPL
Medi-Cal for Pregnant Individuals	up to 213% FPL
MCAP (for Pregnant Individuals)	over 213%–322% FPL
CCHIP (for Children in San Mateo, San Francisco, and Santa Clara counties)	over 266%–322% FPL



### How will I know if I am able to get reduced payments and cost sharing?

In order to get Medi-Cal, **you must meet certain income, family size, and age standards**. To get Medi-Cal, a yearly income must be lower than 138% of the FPL. For a single person, that amount is \$1,732 per month (or \$20,783 per year). For a family of four the amount is \$3,588 per month (or \$43,056 per year).

### What if I am not able to get Medi-Cal?

For financial help (e.g. the federal tax credit or a California state Subsidy), singles or families who are not able to get Medi-Cal **may qualify for a Covered California health plan**. Plans include:

- Enhanced Silver plans
- American Indian/Alaska Native (AIAN) plans

To find out if you are able to get Medi-Cal visit [www.CoveredCA.com](http://www.CoveredCA.com) or [www.BenefitsCal.com](http://www.BenefitsCal.com) and update your Covered California account or **BenefitsCal account**.





## Covered California Programs

Please reference Covered California Chart on page 7.

**The unshaded column headings are associated with eligibility ranges for Covered California programs and financial help:**

Covered California uses FPL limits from the previous year to determine eligibility for its programs.

Federal Premium Tax Credit	100%–400%+ FPL
Silver 94	100%–150% FPL
Silver 87	over 150%–200% FPL
Silver 73	over 200% FPL
AIAN Zero Cost Sharing	100%–300% FPL
AIAN Limited Cost Sharing**	over 300% FPL

*\*\*AI/AN members with household incomes above 300% FPL will be eligible for the Limited Cost Sharing and the Silver 73*



## Does unemployment insurance (UI) count as income?

**Yes.** You **must report** your expected UI payments when you apply for health coverage through Covered California. You will need to predict your income for the coverage year as best as you can when filling out your application. This will help Covered California make the estimate.



## Do health plans offer any help with enrollment?

Yes. Most, if not all plans do offer help. You may contact the Medi-Cal health plan of choice for more information. Call Health Net Enrollment Department toll-free at **1-800-327-0502**, 7:30 a.m. – 6 p.m. Monday through Friday, PT.

## How do I apply?

Go to: [www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx](http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx) to learn how to apply for Medi-Cal.

You can also apply for Medi-Cal:

- Online through [www.CoveredCA.com](http://www.CoveredCA.com) or [www.BenefitsCal.com](http://www.BenefitsCal.com).
- By mail. Send completed and signed applications to your local county social services office.
- By phone. Call your local county social services office.
- In person. To find your local county social services office go to: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx)

## What happens after I apply?

Once your application is submitted, it will be sent to your local county human services agency. They will decide if you qualify.

If more information is needed once your application is reviewed, the county will contact you. If you are able to receive Medi-Cal you will get your Medi-Cal benefits identification card (BIC) in the mail.

You will receive an information packet in the mail within **45-days of getting your BIC**. The packet explains the Medi-Cal health plan options offered in your county and how to enroll.

You will then have **30 days** to choose a health plan. **Medi-Cal will choose a plan for you** if you do not choose one. The health plans offered depend on what county you live in.

Visit [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov) to pick a health plan.

If you are enrolled in Medi-Cal and need to pick a health plan, you can do so on the Healthcare Options website at [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov).

- If only one health plan is listed, the **county has chosen this plan for you**. Please wait for your health plan information in the mail.
- If more than one health plan is listed, explore each plan, and choose the one that suits you and your family's needs. Do not forget, if you do not choose a plan within 30 days of getting your health plan information mailer, Medi-Cal will choose a plan for you.

For more information, visit DHCS website at [www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx](http://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx)

# Have More Questions

## *Keep reading:*

### **I had a change in income because of job loss or cut hours. Can I apply for health insurance now?**

**Yes. You can apply for Medi-Cal at any time.** You do not have to wait for open enrollment or until your COBRA ends to apply for Medi-Cal. Visit: [www.CoveredCA.com](http://www.CoveredCA.com) or [www.BenefitsCal.com](http://www.BenefitsCal.com). Or, call Covered California toll free at: 1-800- 300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. PT. Or by mail, phone, or in person through your local county human services agency.

### **What are my options if I am furloughed, on unpaid leave or on a family leave?**

Medi-Cal can provide **temporary coverage options** until you return to work. To find out more, visit: [www.CoveredCA.com](http://www.CoveredCA.com)) or [www.BenefitsCal.com](http://www.BenefitsCal.com). Or, call Covered California toll free at: 1-800- 300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. PT. Or by mail, phone, or in person through your local county human services agency. Make sure to **update your Covered California account or BenefitsCal account** as your status changes (e.g. if you are going back to work.)

### **I have coverage through Covered California, but I am having trouble paying for my plan because of loss of income. Am I able to get extra financial help?**

You may be able to get Medi-Cal, or you could be able to get help paying for your Covered California plan. This includes:

- Federal tax credit
- California state subsidy
- Enhanced Silver plans
- American Indian/Alaska
- AIAN plans

To find out if you are able to get extra help, visit: [www.coveredca.com](http://www.coveredca.com) and update your Covered California account. Or, call Covered California toll free: 1-800-300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. PT.



## I am pregnant. What pregnancy services come with Medi-Cal?

Medi-Cal covers prenatal care, labor and birth, and postpartum care. To find out more, visit: [www.coveredca.com](http://www.coveredca.com) or [www.BenefitsCal.com](http://www.BenefitsCal.com). Or, call Covered California toll free: 1-800-300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. PT. Or by mail, phone, or in person through your local county human services agency.



## Does immigration status impact whether or not I can get Medi-Cal?

**No. Each member of your family** may be able to get Medi-Cal coverage. This means that each person who qualifies can have healthcare! We can get you covered with Medi-Cal. And you can get no-cost Medi-Cal that covers:

- Doctor visits
- Hospital care
- Lab tests
- Vision
- Dental<sup>1</sup>
- Transportation
- Pregnancy/newborn care
- Telehealth
- Mental health and more

**Note:** Medi-Cal rules for children are different from rules for adults. **Kids could get Medi-Cal while their parents have a different plan.**

Qualified Medi-Cal family members can get complete healthcare **despite their immigration status**. For more information, visit: [www.coveredca.com/individuals-and-families/getting-covered/immigrants](http://www.coveredca.com/individuals-and-families/getting-covered/immigrants)

Under the Affordable Care Act, most immigrants can get health coverage. This includes:

- Lawful permanent residents or “green card holders.”
- Lawful temporary residents.
- Persons fleeing persecution. This includes refugees and asylum seekers
- Other immigrants. This includes those granted temporary protected status.
- Non-immigrant status holders (e.g. worker visas and student visas)

Applying for Medi-Cal does not change you or your family’s immigration or citizenship status. Health Net does not collect or report immigration status information.<sup>2</sup>



<sup>1</sup>Dental coverage is available in Los Angeles and Sacramento county.

<sup>2</sup>The government does not consider regular Medi-Cal services you receive in the community as part of the public charge determination. Public charge is defined as a non-citizen who is likely to become primarily dependent on the government for support.



## Can a mother enroll her newborn in Medi-Cal?

**Yes!** If you are a mother who has Medi-Cal at the time of birth, call your county Medi-Cal office. **The newborn will be able to get Medi-Cal until at least age one if living in California.** During the first two months, coverage will be under your Medi-Cal number, if the newborn has not been enrolled into Medi-Cal.

## What happens if I cannot get Medi-Cal anymore?

If you get a Medi-Cal Notice of Action telling you that you can no longer receive Medi-Cal you may enroll in a plan through Covered California.

To find out more, visit [www.CoveredCA.com](http://www.CoveredCA.com). Or, call Covered California toll-free 1-800-300-1506 (TTY: 711). Monday through Friday 8 a.m. to 6 p.m. Saturday and Sunday closed.

You will have **60 days from the date listed** in the Medi-Cal Notice of Action to enroll in Covered California under special enrollment.









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

Health Net:

- Provides free aids and services to people with disabilities to help them communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
  - If you need these services, 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.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Health Net

Post Office Box 9103, Van Nuys, California 91409-9103

Customer Contact Center 1-800-675-6110 (TTY: 711)

California Relay 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, or sex (including pregnancy, sexual orientation, and gender identity), mental disability, physical disability, religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender you can file a grievance with the 1557 Coordinator.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

- By phone: Call 855-577-8234 (TTY: 711)
- By fax: 1-866-388-1769
- In writing: Write a letter and send it to Health Net 1557 Coordinator, PO Box 31384, Tampa, FL 33631

Electronically: Send an email to [SM\\_Section1557Coord@centene.com](mailto:SM_Section1557Coord@centene.com) This notice is available at Health Net website: [https://www.healthnet.com/content/healthnet/en\\_us/disclaimers/legal/non-discrimination-notice-medi-cal.html](https://www.healthnet.com/content/healthnet/en_us/disclaimers/legal/non-discrimination-notice-medi-cal.html)

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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

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, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

**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, գանգահարեք 1-800-675-6110 (TTY: 711): Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ մատչելի PDF և մեծ տպագրությամբ փաստաթղթեր: Այս ծառայությունները ձեզ համար անվճար են:

**Cambodian:** ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរស័ព្ទទៅលេខ 1-800-675-6110 (TTY: 711)។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់អ្នកដែលពិការ ដូចជាទម្រង់ PDF សម្រាប់អ្នកពិការ និងឯកសារត្រឹមត្រូវជាអក្សរខ្នាតធំក៏មានផ្តល់ជូនផងដែរ។ 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)。还可提供面向残障人士的帮助和服务，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 دسترس‌پذیر 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 सेवाएं, 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. ການບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

**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.

FLY061959EP00 (06/23)

**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 ਪਿੰਟ 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 tinutulungan 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.

**Application**

confirmation #: \_\_\_\_\_

**Medi-Cal benefits**

identification #: \_\_\_\_\_

Health plan ID #: \_\_\_\_\_

For more information please contact  
Health Net  
21281 Burbank Blvd.  
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.

[www.healthnet.com](http://www.healthnet.com)

Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

BKT1410702EH01w (2/24)