

Your student health insurance coverage, offered by Health Net Life Insurance Company, meets the minimum standards for annual dollar limits established by the Final Rule for Student Health Insurance Plans, but does not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits applicable to group and individual policies.¹ The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: 100,000 on all covered services except for pharmacy that has an unlimited benefit. If you have any questions or concerns about this notice, contact Health Net Life Customer Contact Center at 1-800-250-5226. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer

¹ Federal Final Rule: 45 CFR 147.145. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014

Summary *of* Benefits

PPO • Insurance Plan 26V



Health Net[®]
A Better Decision

DELIVERING CHOICES

When you need health care, it's nice to have options. That's why Health Net Life* offers a Preferred Provider Organization (PPO) insurance plan (called "Health Net PPO") — an insurance plan that offers you flexibility and choice. This SB answers basic questions about Health Net PPO. Please contact the Customer Contact Center at the telephone number listed on the back cover and talk to one of our friendly, knowledgeable representatives if you have additional questions.

If you have further questions, contact us:



By phone at 1-800-250-5226,



Or write to: Health Net Life Insurance Company

P.O. Box 10348

Van Nuys, CA 91410-0348

**This insurance plan is underwritten by Health Net Life Insurance Company and administered by Health Net of California, Inc. (Health Net).*

This *Summary of benefits* (SB) is only a summary of your health insurance plan. Your *Benefit Handbook*, which you will receive after you enroll, contains the exact terms and conditions of your Health Net Life coverage. You should also consult the *Health Net PPO Blanket Student Accidental and Sickness Insurance Policy (the Policy)* (issued to the educational organization) to determine governing contractual provisions. It is important for you to carefully read this SB and your *Benefit Handbook* thoroughly once received, especially those sections that apply to those with special health care needs. This SB includes a matrix of benefits in the section titled "Schedule of Benefits and Coverage" In case of conflict, the *Benefit Handbook* will control. State mandated benefits may apply depending upon your state of residence.

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How the insurance plan works

Please read the following information so you will know from whom or what group of providers health care may be obtained.

SELECTION OF PHYSICIANS

This insurance plan allows you to:

- Choose your own doctors and hospitals for all your health care needs; and
- Take advantage of significant cost savings when you use doctors contracted with our PPO.

Like most PPO insurance plans, Health Net PPO offers two different ways to access care:

- In-network, meaning you choose a doctor (or hospital) contracted with our PPO.
- Out-of-network, meaning you choose a doctor (or hospital) not contracted with our PPO.

Your choice of doctors and hospitals may determine which services will be covered, as well as how much you will pay. In many instances, certification is required for full benefits (see "Schedule of benefits and coverage" section of this brochure). Preferred providers are listed on the HNL website at www.healthnet.com/cardinalcare or you can contact the Customer Contact Center at the telephone number listed on the back cover to obtain a copy of the Preferred Provider Directory.

WHEN YOU USE AN OUT-OF-NETWORK PROVIDER, BENEFITS ARE SUBSTANTIALLY REDUCED AND YOU WILL INCUR A SIGNIFICANTLY HIGHER OUT-OF-POCKET EXPENSE. TO MAXIMIZE THE BENEFITS RECEIVED UNDER THIS HEALTH NET PPO INSURANCE PLAN, YOU MUST USE PREFERRED PROVIDERS.

HOW TO ENROLL

The Student must be enrolled in the Cardinal Care Student Plan in order for his or her dependent(s) to be enrolled in this Plan. Cardinal Care will require an application in a form and manner satisfactory to the School and HNL. The coverage Effective Date under this Plan is in conjunction with the enrolled Student's coverage Effective Date under their Plan. The School will maintain records of all students registered in each academic quarter. The eligible dependents of the student can enroll when the student first matriculates at Stanford. This is the one and only time during their entire academic career at Stanford when they can purchase the plan for their dependents unless there is a qualifying life event.

Some hospitals and other providers do not provide one or more of the following services that may be covered under your *Blanket Student Accidental and Sickness Insurance Policy* and that you or your dependents might need:

- Family planning;
- Contraceptive services; including emergency contraception;
- Sterilization, including tubal ligation at the time of labor;
- Infertility treatments; or
- Abortion.

You should obtain more information before you enroll. Call your prospective doctor, participating or preferred provider or clinic, or call the Customer Contact Center at the telephone number listed on the back cover to ensure that you can obtain the health care services that you need.

Schedule of Benefits and Coverage

The services covered and amount you pay depend upon the doctor or hospital you choose when you need health care. The following charts summarize what is covered and what you pay with Health Net Life PPO.

Principal Benefits and Coverage matrix

Benefit levels	PPO	OON (out-of network)
<i>Features</i>	<p>(Preferred providers) Care provided by doctors and hospitals contracted with our PPO</p>	<p>(All other providers) Care provided by licensed doctors and hospitals not contracted with our PPO</p>
	<ul style="list-style-type: none"> • Lower out-of-pocket costs • Great freedom of choice • Certification from Health Net Life required for certain services • Claim forms usually not required for reimbursement • Must meet annual deductible and coinsurance • Coverage for preventive care services available at no cost 	<ul style="list-style-type: none"> • Higher out-of-pocket costs • Greatest freedom of choice • Certification from Health Net Life required for certain services • Claim forms required for reimbursement • Must meet annual deductible and coinsurance



For the PPO level of benefits, the percentages that appear in this chart are based on contracted rates with providers. See the "Payment of premiums and charges" section, under "Contracted Rate" for additional details.

For the Out-of-Network level of benefits, the percentages that appear in this chart are based the maximum allowable amount. The covered person is responsible for charges in excess of this amount in addition to the coinsurance shown.

Deductibles	PPO	OON (out-of network)
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You must pay this amount for covered services before HNL begins to pay. However, PPO services to which a copayment applies are not subject to the plan year deductible.

Plan year deductible

Any amount applied toward the deductible for covered services provided by a PPO provider will apply toward the OON deductible; any amount applied toward the deductible for covered services provided by an OON provider will apply to the PPO deductible.


For each covered person[Ⓐ]\$250\$250

For a family (the number of covered persons in a family that must satisfy their individual deductible to satisfy the family deductible).....33

[Ⓐ] *Combined for PPO and out-of-network.*

Insurance Plan maximums	PPO	OON (out-of network)
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Yearly Out-of-pocket maximum (OOPM)

 *Once your payment of copayments or coinsurance (combined for PPO and Out-of-Network) equals the amount shown below in any one plan year, no additional copayments or coinsurance for covered services are required for the remainder of that year. Payments for services not covered by this insurance plan, or for certain services as specified in the "Payment of premiums and charges" section of this SB, will not be applied to this yearly out-of-pocket maximum. You will need to continue making payments for any additional benefits as described in the "Additional insurance plan benefit information" section of this SB.*

For each covered person[◇]\$4000\$6000

For a family[◇]\$12000\$18000

Plan year maximum

Benefits for covered expenses incurred by you (combined for PPO and Out-of-Network) are limited to a maximum amount, shown below, during your plan year.

For each covered person[Ⓐ]\$100000 \$100000

[◇] *The Copayment or coinsurance paid for detoxification and non-severe Mental Disorders or Chemical Dependency, prescription drugs and vision care do not apply to the OOPM.*

[Ⓐ] *Combined for PPO and out-of-network.*

Type of services, benefit maximums & what you pay		
Professional services	PPO	OON
Visit to physician	\$30.....	40%
Specialist consultations	\$30.....	40%
Prenatal and postnatal office visits**	20%	40%
Normal delivery, cesarean section, newborn inpatient professional care*	20%	40%
Treatment of complications of pregnancy, including medically necessary abortions*	20%	40%
Physician visit to hospital or skilled nursing facility	20%	40%
Physician visit to Covered Person's home.....	20%	40%
Surgeon or assistant surgeon ser- vices▲*	20%	40%
Administration of anesthetics.....	20%	40%
Rehabilitative therapy (including physical, speech, occupational, cardiac rehabilitation and pulmo- nary rehabilitation therapy)	20%	40%
<i>Maximum payable by HNL for each visit</i>	<i>No maximum</i>	\$25
Organ and stem cell transplants (nonexperimental and noninvesti- gational) *	20%	Not covered
Chemotherapy	20%	40%
Radiation therapy	20%	40%
Vision and hearing examinations (for diagnosis or treatment, including refractive eye examinations.....	\$30.....	Not covered

* *These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.*

***Prenatal, postnatal and newborn care office visits for preventive care are covered in full for preferred providers. If the primary purpose of the office visit is unrelated to a preventive service or if other non-preventive services are received during the same office visit, the above copayment or coinsurance will apply for the non-preventive services.*

▲ *Surgery includes surgical reconstruction of a breast incident to mastectomy, including surgery to restore symmetry; also includes prosthesis and treatment of physical complications at all stages of mastectomy, including lymphedema.*

Allergy treatment and other injections (except for infertility injection)	PPO	OON
Allergy testing.....	20%	40%
Allergy serum	20%	40%
Allergy injection services.....	20%	40%
All other injections (except for infertility injection)		
Injectable drugs administered by a physician	20%	40%
Self-injectable drugs*	Refer to Pharmacy benefits	Refer to Pharmacy benefits

* *These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.*

*** *Certain injectable drugs which are considered self-administered are covered on the Specialty Drug tier under the pharmacy benefit. Specialty Drugs are not covered under the medical benefits even if they are administered in a Physician’s office. Alternatively, you can coordinate delivery of the Specialty Drug directly to the provider office through the Specialty Pharmacy Vendor.*

Outpatient services	PPO	OON
Outpatient facility services (other than surgery)*	20%	40%
Outpatient surgery (hospital or outpatient surgery center charges only)*	20%	40%

* *These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.*

Hospital services	PPO	OON
Semi-private hospital room or intensive care unit with ancillary services, including delivery and maternity care (unlimited days)*	20%	40%
Skilled nursing facility stay*	20%	40%

Maximum days per plan year[Ⓐ]..... 60 60

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.

[Ⓐ] Combined for PPO and Out-of-Network.

Radiological services	PPO	OON
Laboratory procedures and diagnostic imaging (including x-ray)	20%	40%

Preventive Care	PPO	OON
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Adult preventive care

(The following benefits are not subject to the calendar year deductible.)

Periodic health evaluations, including well-woman exam, immunizations and annual preventive physical examinations (age 17 and older)[Ⓜ] Covered in full..... 40%

Child preventive care

(The following benefits are not subject to the calendar year deductible.)


Periodic health evaluations, including newborn, well-baby care, annual preventive physical examinations and immunizations (birth through age 16)..... Covered in full..... 40%

Ⓜ

Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A&B recommendations, the Advisory Committee on Immunization Practices that have been adopted by the Center for Disease Control and Prevention, the guidelines for infants, children, adolescents and women’s preventive health care as supported by the Health Resources and Services Administration (HRSA).

Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA.

Emergency health coverage	PPO	OON
Emergency room (facility and professional services)	20%	20%
Urgent care center (facility and professional services)	20%	20%

 *The coinsurance shown for PPO emergency health care services will be applied for all emergency care, regardless of whether or not the health care provider is a PPO or noncontracting provider. The coinsurance shown for PPO and Out-of-Network providers are applicable only if non-emergency care is provided at an emergency room or urgent care center.*

Covered benefits for emergency care outside of the United States will be covered at in network level. International claims will not require prior authorization


For Emergency and Urgent care received outside of the United States, the maximum allowable amount will be based on billed charges.

Ambulance services	PPO	OON
Ground ambulance	20%	40%
Air ambulance *	20%	40%

* *These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.*

Outpatient prescription drug plan

Prescription drugs	Participating pharmacy	Nonparticipating pharmacy
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 *Copayments for supplemental benefits do not apply to the out-of-pocket maximum.*

Retail pharmacy (up to a 30-day supply)

Level I drugs listed on the Recommended Drug List (primarily generic)	\$10	Not Covered
Level II drugs listed on the Recommended Drug List (primarily brand name) and diabetic supplies (including insulin) ♦	\$25	Not Covered
Preventive drugs and women's contraceptives*	Covered in full	Not Covered

Specialty Pharmacy Vendor

	Specialty Pharmacy
Specialty Drugs when listed in the Recommended Drug List	\$25

Mail-order program (up to a 90-day supply of maintenance drugs)

Level I drugs listed on the Recommended Drug List (primarily generic) \$20..... Not Covered

Level II drugs listed on the Recommended Drug List (primarily brand name) and diabetic supplies (including insulin) ♦ \$50..... Not Covered

Preventive drugs and women’s contraceptives* Covered in full..... Not Covered


** Preventive drugs and women’s contraceptives that are approved by the Food and Drug Administration are covered at no cost to the Covered Person. Preventive drugs are prescribed over-the-counter drugs or Prescription Drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations.*

If a Brand Name Drug is dispensed, and there is a generic equivalent commercially available, you will be required to pay the difference in cost between the Generic and Brand Name Drug. However, if a Brand Name Drug is Medically Necessary and the Physician obtains Prior Authorization from Health Net, then the Brand Name Drug will be dispensed at no charge.

♦ *Generic drugs will be dispensed when a generic drug equivalent is commercially available. When a brand name drug is dispensed and a generic equivalent is commercially available, the covered person must pay the difference between the generic equivalent and the brand name drug in addition to the listed copayments or coinsurance.*

However, if the prescription drug order states "dispense as written," "do not substitute" or words of similar meaning in the physician’s handwriting, only the listed drug copayment will be applicable.

Medical supplies	PPO	OON
Durable medical equipment *	20%	40%
Plan year maximum payable by HNL ²	\$1000	\$1000
Diabetes education	20%	40%
Orthotics (such as bracing, supports and casts) *	20%	40%
Corrective footwear*	20%	40%
Diabetic equipment (See the "Prescription Drug Program" section of this SB for diabetic supplies benefit information)	20%	40%
Diabetic footwear	20%	40%
Prostheses*	20%	40%


 Diabetic equipment covered under the medical benefit (through "Diabetic equipment") includes blood glucose monitors designed for the visually impaired, insulin pumps and related supplies, and corrective footwear. Diabetic equipment and supplies covered under the prescription drug benefit include insulin, specific brands of blood glucose monitors and testing strips, Ketone urine testing strips, lancets and lancet puncture devices, specific brands of pen delivery systems for the administration of insulin (including pen needles) and insulin syringes.

In addition, the following supplies are covered under the medical benefit as specified: visual aids (excluding eyewear) to assist the visually impaired with the proper dosing of insulin are provided through the prosthesis benefit; Glucagon is provided through the self-injectable benefit. Self-management training, education and medical nutrition therapy will be covered only when provided by licensed health care professionals with expertise in the management or treatment of diabetes (provided through the patient education benefit).

↻ Combined for PPO and Out-of-Network.

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Mental disorders and chemical dependency benefits	PPO	OON
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 Severe mental illness includes schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorders, pervasive developmental disorder (including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified to include Atypical Autism, in accordance with the most recent edition the Diagnostic and Statistical Manual for Mental Disorders), autism, anorexia nervosa and bulimia nervosa.

Serious emotional disturbances of a child is when a child under the age of 18 has one or more mental disorders identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary chemical dependency disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. In addition, the child must meet one of the following: (a) as a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self care, school functioning, family relationships or ability to function in the community; and either (i) the child is at risk of removal from home or has already been removed from the home or (ii) the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year; (b) the child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder; and/or (c) the child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

Severe Mental Illness and Serious Emotional Disturbances of a Child

Outpatient♦\$30 40%

Inpatient* 20% 40%

Other Mental Disorders

Outpatient♦ \$30..... 40%

Inpatient* 20% 40%

Chemical Dependency

Outpatient♦ \$30..... 40%

Inpatient* 20% 40%

Acute detoxification* 20% 40%

♦Each group therapy session requires only one half of a private office visit Copayment. If two or more Members in the same family attend the same outpatient treatment session, only one Copayment will be applied.

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.

Home Health Services	PPO	OON
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Home health visits* 20% 40%

Maximum amount allowable by

HNL per day[Ⓜ] \$110..... \$110

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.

[Ⓜ] Combined for PPO and Out-of-Network.

Other services	PPO	OON
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Sterilization - Vasectomy..... 20% 40%

Sterilization - Tubal ligation..... Covered in full..... 40%

Blood, blood plasma, blood derivatives and blood factors (except for drugs used to treat hemophilia, including blood factors) ** 20% 20%

Drugs used to treat hemophilia, including blood factors** Refer to Pharmacy benefits..... Refer to Pharmacy benefits

Renal dialysis..... 20% 40%

Hospice services* 20% 40%

Infusion Therapy (home or physician's office) * 20% 40%

Number of days for each supply of injectable prescription drugs and other substances, for each delivery.....14 14

Maximum amount allowable by HNL per day.....No Maximum \$500

- * These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses. In addition, a \$500 penalty will also be charged for inpatient admissions and a \$50 penalty for outpatient visits.*
- ** Drugs used to treat hemophilia, including blood factors, are covered on the Specialty Drug tier under the pharmacy benefit. Specialty Drugs are not covered under the medical benefit even if they are administered in a Physician's office. Alternatively, You may be able to coordinate delivery of the Specialty Drug directly to the provider's office through the Specialty Pharmacy Vendor.*

Limits of coverage

WHAT'S NOT COVERED (EXCLUSIONS AND LIMITATIONS)

- Acupuncture;
- Artificial insemination;
- Care for mental health care as a condition of parole or probation, or court-ordered treatment and testing for mental disorders, except when such services are medically necessary;
- Charges in excess of rate negotiated between any organization and the physician, hospital or other provider;
- Chiropractic care;
- Conception by medical procedures (IVF, GIFT and ZIFT);
- Conditions resulting from the release of nuclear energy when government funds are available;
- Corrective footwear and foot orthotic devices, except when incorporated into a cast, splint, brace or strapping of the foot or when medically necessary for the treatment of diabetes, or as provided under the corrective footwear benefit;
- Cosmetic services or supplies;
- Custodial or live-in care;
- Dental services. However, Medically Necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures are covered. Cleft palate includes cleft palate, cleft lip or other craniofacial anomalies associated with cleft palate;
- Disposable supplies for home use;
- Experimental or investigational procedures, except as set out under the "Clinical trials" and "If you have a disagreement with our insurance plan" sections of this SB;
- Genetic testing is not covered except when determined by Health Net Life to be medically necessary. The prescribing physician must request prior authorization for coverage;
- Hearing aids;
- Hearing examination (age 17 and older);
- Hypnosis;
- Infertility services;
- Marriage counseling, except when rendered in connection with services provided for a treatable mental disorder;
- Non-eligible institutions. This insurance plan only covers services or supplies provided by a legally operated hospital, Medicare-approved skilled nursing facility or other properly licensed facility as specified in the *Benefit Handbook*. Any institution, regardless of how it is designated, is not an eligible institution. Services or supplies provided by such institutions are not covered;
- Nontreatable disorders;
- Orthoptics (eye exercises);
- Outpatient prescriptions drugs or medications (except as noted under "Prescription drug program");
- Personal or comfort items;
- Physician self-treatment;
- Physician treating immediate family members;
- Private rooms when hospitalized, unless medically necessary;
- Private-duty nursing;
- Refractive eye surgery unless medically necessary, recommended by the covered person's treating physician and authorized by Health Net Life;

- Reversal of surgical sterilization;
- Routine physical examinations (including psychological examinations or drug screening) for insurance, licensing, employment, school, camp or other nonpreventive purposes;
- Services and supplies determined not to be medically necessary as defined in the *Benefit Handbook*;
- Services and supplies not specifically listed in the covered person's *Benefit Handbook* as covered expenses;
- Services and supplies that do not require payment in the absence of insurance;
- Services for an injury incurred in the commission (or attempted commission) of a crime unless the condition was an injury resulting from an act of domestic violence or an injury resulting from a medical condition;
- Services for a surrogate pregnancy are covered. However, when compensation is obtained for the surrogacy, Health Net Life shall have a lien on such compensation to recover its medical expense;
- Services not related to a covered illness or injury, except as provided under preventive care and annual routine exams;
- Services received before effective date or after termination of coverage, except as specifically stated in the "Extension of Benefits" section of the covered person's *Benefit Handbook*;
- Services related to educational and professional purposes;
- Sex change services;
- State hospital treatment, except as the result of an emergency or urgently needed care;
- Stress, except when rendered in connection with services provided for a treatable mental disorder;
- Treatment of jaw joint disorders or surgical procedures to reduce or realign the jaw, unless medically necessary;
- Treatment of obesity, weight reduction, weight management, or bariatric services, except for treatment of morbid obesity;
- Vision examination (age 17 and older).

The above is a partial list of the principal exclusions and limitations applicable to the medical portion of your Health Net PPO insurance plan. The *Benefit Handbook*, which you will receive if you enroll in this insurance plan, will contain the full list.

Notice of language services

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 on your ID card. For Individual and Family or Farm Bureau members please call 800-839-2172. Employer group members please call 800-522-0088. PPO members: for more help call the CA Dept. of Insurance at 1-800-927-4357. HMO members: for more help call the Department of Managed Health Care HMO Help Line at 1-888-HMO-2219.

English

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que una persona le lea los documentos y que algunos se envíen en su idioma. Para solicitar ayuda, llámenos al número que aparece en su tarjeta de identificación. Para los afiliados de Individual y Familiar o de la Oficina Agrícola, llame al número 800-839-2172. Los afiliados de un grupo del empleador deben llamar al 800-522-0088. Afiliados de PPO: para obtener más ayuda llame al Departamento de Seguros de CA al 1-800-927-4357. Afiliados de HMO: para obtener más ayuda llame a la Línea de Ayuda del Departamento de Cuidado Médico de HMO al 1-888-HMO-2219.

Spanish

免費語言服務。您可以取得口譯員服務。我們可以把文件朗讀給您聽。部分文件可以翻譯成您的語言並寄送給您。欲取得協助，請撥打您會員卡上的電話號碼與我們聯絡。個人與家庭計畫或農業協會的會員請撥打 800-839-2172。僱主團體會員請撥打 800-522-0088。PPO 會員：欲取得更多協助，請致電加州保險局 1-800-927-4357。HMO 會員：欲取得更多協助，請致電醫療保健計畫管理局 HMO 協助專線 1-888-HMO-2219。

Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị. Các hội viên Individual and Family hoặc Farm Bureau có thể gọi số 800-839-2172. Các hội viên trong chương trình bảo hiểm theo nhóm của hãng sở xin gọi số 800-522-0088. Các hội viên PPO: để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Các hội viên HMO: để được giúp đỡ thêm, xin gọi Đường Dây Trợ Giúp HMO của Sở Điều Quản Y Tế tại số 1-888-HMO-2219.

Vietnamese

무료 언어 지원 서비스. 무료 통역사 서비스 및 여러분에게 읽힌 언어로 서류 발송 서비스를 받을 수 있습니다. 도움이 필요하신 경우, 본인 ID 카드 상의 안내번호로 전화해 주십시오. 개인 및 가족 회원 혹은 Farm Bureau 회원께서는 800-839-2172번으로 전화해 주십시오. 고용주 그룹 회원께서는 800-522-0088번으로 전화해 주십시오. PPO 가입자: 보다 많은 도움이 필요하신 분은 캘리포니아 보험 담당국, 안내번호 1-800-927-4357번으로 문의하십시오. HMO 가입자: 보다 많은 도움이 필요하신 분은 보건관리부 (the Department of Managed Health Care)의 HMO 헬프라인, 안내번호 1-888-HMO-2219번으로 문의하십시오.

Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa iyong wika ang mga dokumento. Para sa tulong, tanagan kami sa numero ng nakalista sa iyong ID card. Para sa Individual at Family members, mangyaring tumawag sa 800-839-2172. Para sa employer group members, mangyaring tumawag sa 800-522-0088. Para sa PPO members: para sa karagdagang tulong, tumawag sa CA Dept. of Insurance sa 1-800-927-4357. Para sa HMO members: para sa karagdagang tulong, tumawag sa Department of Managed Health Care HMO Help Line sa 1-888-HMO-2219.

Tagalog

Ազատ Լեզվաբան Ծառայություններ: Դուք կարող եք թարգմանել ներքին և փաստաթղթերը ընթերցել սույն ներ լեզվով: Օգնության համար, մեզ զանգահարեք ներ ինքնաբերական տեղի վրա գնված համարով: Դրեք անդամ եք Անհատական և Ընտանեկան կամ Ագրարական Գրասխանակի (Farm Bureau), զանգահարեք 800-839-2172 համարով: Գործատուի խումբի անդամները կարողանում է զանգահարել 800-522-0088 համարով: PPO-ի անդամները կարողանում են ավելի օգնություն ստանալ Կալիֆոռնիայի Ապահովագրության Բաժնետնտես: HMO-ի անդամները կարողանում են ավելի օգնություն ստանալ Համայնքի Օգնության Գծին:

Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и вам могут прочесть документы на вашем языке. Если вам требуются помощь, звоните нам по номеру, указанному на вашей идентификационной карте; участники планов индивидуального или семейного страхования, а также планы страхования Фермерского бюро могут позвонить по телефону 800-839-2172. Участники плана группового страхования по месту работы могут позвонить по телефону 800-522-0088. Участники системы предпочтительного выбора (Preferred Provider Organization, PPO): для получения дополнительной помощи звоните в Министерство страхования штата Калифорния по телефону 1-800-927-4357. Участники организаций медицинского обслуживания (Health Maintenance Organizations, HMO): для получения дополнительной помощи звоните в справочную службу HMO Департамента организованного медицинского обслуживания по телефону 1-888-HMO-2219.

Russian

無料の言語サービス。日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号までお問い合わせください。個人、家族会員、または、ファーム・ビューロー会員の方は、800-839-2172 まで、雇用者団体会員の方は、800-522-0088 までご連絡ください。PPO 会員の方：更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。HMO 会員の方：更なるお問い合わせは、カリフォルニア州管理医療庁のHMO相談窓口、1-888-466-2219 までご連絡ください。

Japanese

خدمات مجانی مربوط به زبان. می‌توانید از خدمات یک مترجم شفاهی برخوردار شوید و می‌توانید مدارک به زبان خودتان برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است تماس بگیرید. اعضای «طرح اداره ها» یا «طرح اداره مراکز» لطفاً به شماره 800-839-2172 تماس بگیرید. اعضای گروه‌های کشاورزی یا اعضای «بureau فیرم» برای کسب اطلاعات بیشتر لطفاً با اداره بیمه کالیفرنیا به شماره 800-839-2172 تماس بگیرید. اعضای HMO: برای کسب اطلاعات بیشتر به خط پشتیبانی HMO در شماره 1-888-HMO-2219 تلفن کنید.

Farsi

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਅਤੇ ਫਾਰਮ ਬਿਊਰੋ ਮੈਂਬਰ ਖਿਰਾਮ ਕਰਕੇ 800-839-2172 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ। ਇੰਪਲਾਇਰ ਗਰੁੱਪ ਤੇ ਮੈਂਬਰ ਖਿਰਾਮ ਕਰਕੇ 800-522-0088 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ। PPO ਮੈਂਬਰ: ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ। HMO ਮੈਂਬਰ: ਵਧੇਰੇ ਮਦਦ ਲਈ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਮੈਨੇਜਡ ਹੈਲਥ ਕੇਅਰ ਦੀ HMO ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ।

Punjabi

ការពារប្រាក់ឈោរសេរីសេរីផ្លូវ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងឲ្យអានឯកសារចុះអ្នកពាក់ព័ន្ធគ្រប់ ។ សំរាប់ជំនួយ សូមទូរស័ព្ទអ្នកបកប្រែ តាមលេខតាមលេខ 800-839-2172 ។ សំរាប់ជំនួយសូមទូរស័ព្ទ តាមលេខតាមលេខ 800-522-0088 ។ សមាជិក PPO : សំរាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅក្រសួងពាណិជ្ជកម្ម តាមលេខ 1-800-927-4357 ។ សមាជិក HMO : សំរាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅក្រសួង ប្រប់គ្រងសុខាភិបាល តាមលេខ 1-888-HMO-2219 ។

Khmer

خدمات ترجمه بدون تکلفة. يمكنك الاستعانة بمترجم معكليك طلب قراءة وفاق وإرسال بعضها لك بلغتك. للحصول على المساعدة اتصل بنا على الرقم المجاني على بطاقة عضويتك (ID) بالنسبة للأفراد وأعضاء الأسرة أو أعضاء Farm Bureau بالرقم 800-839-2172. وبالنسبة لأعضاء مجموعات صاحب العمل راجع الاتصال بالرقم 800-522-0088. أعضاء PPO: للحصول على المساعدة الإضافية يرجى الاتصال بخدمة المساعدة لـ HMO بالرقم 1-800-927-4357. أعضاء HMO: للحصول على المساعدة الإضافية يرجى الاتصال بخدمة المساعدة لـ HMO بالرقم 1-888-HMO-2219.

Arabic

Cov Kev Pab Txhais Lus Us Tsis Tau Them Nqi. Koj kom muaj ib tug neeg txhais lus rau koj los tau. Koj kom nyem cov ntaub ntwav thiab xa ib co ntaub ntwav ua koj hom lus tuaj rau koj los tau. Yog xav tau, kev pab, hu rau peb ntwav: tus xov tooj nyob hauv koj daim yuaj ID. Rau cov tswv cuab hauv pawg Tus Khcej thiab Tsev Neeg los sis Farm Bureau thov hu rau 800-839-2172. Cov tswv cuab hauv pawg tom chaw ua hauj lwj thov hu rau 800-522-0088. Cov tswv cuab hauv PPO: yog xav tau kev pab ntxiv hu rau CA Lub Koom Haim Saib Xyuas Txog Kev Tuav Pev Hwm ntwav 1-800-927-4357. Rau tswv cuab hauv HMO: yog xav tau, kev pab ntxiv hu rau Lub Caj Meern Fai Saib Xyuas Txog Kev Tswj Txog Kev Kho Mob (Department of Managed Health Care) HMO Tus Xov Tooj Muab Kev Pab ntwav 1-888-HMO-2219.

Hmong

ບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດໄດ້ຮັບບໍລິການແປພາສາແລະມີຜູ້ອ່ານເອກກະສານໃຫ້ທ່ານຟັງເປັນພາສາຂອງທ່ານເອງ. ເພື່ອຈະໄດ້ຮັບຄວາມຊ່ວຍເຫລືອ, ໃຫ້ໂທທາງພວກເຮົາຕາມພາຍເລກທີ່ລະບຸໄວ້ໃນບັດປະກັນໄພຂອງທ່ານ. ຂໍໃຫ້ສະມາຊິກລາຍບຸກຄົນແລະຄອບຄົວຫລືສະມາຊິກ Farm Bureau ໂທຕາມພາຍເລກ 800-839-2172. ຂໍໃຫ້ສະມາຊິກກຸ່ມລູກຈ້າງໂທຕາມພາຍເລກ 800-522-0088. ສະມາຊິກ PPO: ເພື່ອຈະໄດ້ຮັບຄວາມຊ່ວຍເຫລືອເພີ່ມຕື່ມ ໃຫ້ໂທໄປຫາກົມປະກັນໄພແຫ່ງລັດຄາລິຟໍເນຍຕາມພາຍເລກ 1-800-927-4357. ສະມາຊິກ HMO: ເພື່ອຈະໄດ້ຮັບຄວາມຊ່ວຍເຫລືອເພີ່ມຕື່ມ ໃຫ້ໂທຕາມສາຍດວນ HMO ຫາກົມກຳກັບລະບົບຄຸ້ມຄອງການຮັກສາສຸຂະພາບ (Department of Managed Health Care) ຕາມພາຍເລກ 1-888-HMO-2219.

Laotian

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 please call 800-522-0088. PPO members: for more help call the CA Dept. of Insurance at 1-800-927-4357. HMO members: call the DMHC Helpline at 1-888-HMO-2219.

English

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o llame al 800-522-0088. Afiliados a PPO: para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Afiliados a HMO: llame a la Línea de Ayuda del Departamento de Atención Médica Administrada de California (DMHC, por sus siglas en inglés) al 1-888-HMO-2219.

Spanish

免費語言服務。您可以取得口譯員服務。我們可以把文件朗讀給您聽，部分文件可以翻譯成您的語言並寄送給您。如需協助，請撥您會員卡所列的電話號碼或撥 800-522-0088 與我們聯絡。PPO 會員：如需其他協助，請致電 CA 保險局，電話 1-800-927-4357。HMO 會員：請撥 DMHC 協助專線 1-888-HMO-2219。

Chinese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên. Quý vị có thể được cấp người đọc văn bản cho quý vị hoặc nhận tài liệu, văn bản bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi cho chúng tôi tại số điện thoại trên thẻ hội viên của quý vị hoặc gọi số 800-522-0088. Hội viên chương trình PPO: Để được trợ giúp thêm, vui lòng gọi cho Sở Bảo hiểm CA tại số 1-800-927-4357. Hội viên chương trình HMO: xin gọi Đường dây trợ giúp của Sở DMHC tại 1-888-HMO-2219.

Vietnamese

무료 언어 지원 서비스. 귀하는 통역사 서비스를 받으실 수 있습니다. 본인에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 본인의 ID 카드상의 안내번호로 전화하시거나 800-522-0088 번호로 연락해 주십시오. PPO 가입자: 더 많은 도움이 필요하신 분은 캘리포니아 보험 담당국, 안내번호 1-800-927-4357 번호로 문의하십시오. HMO 가입자: DMHC 헬프라인, 안내번호 1-888-HMO-2219 번호로 문의해 주십시오.

Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin. Maaari mong ipabasa sa iyo ang mga dokumento, at maaaring ipadala sa iyo ang ilan sa mga ito sa iyong wika. Para makakuha ng tulong, tawagan kami sa numcrong nakalista sa iyong ID card o kaya mangyaring tumawag sa 800-522-0088. Para sa PPO members: para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Para sa HMO members: tawagan ang DMHC Helpline sa 1-888-HMO-2219.

Tagalog

Անվճար Լեզվական Ստաբիլիզացիաներ: Կարող եք թարգմանիչ ստանալ: Փաստաթղթերը կարող են ձեզ համար ընթերցվել կամ ձեզ ուղարկվել ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ինքնության (ID) ստմնի վրա նշված համարով կամ խնդրում ենք զանգահարել 800-522-0088 համարով: PPO անդամներ լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի Աստիճանային Ֆառստմունք (CA Dept. of Insurance) 1-800-927-4357 համարով: HMO անդամներ զանգահարեք DMHC-ի Օգնության գծին 1-888-HMO-2219 համարով:

Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть ваши документы, а также выслать вам некоторые из них на вашем языке. Для получения помощи звоните нам по номеру телефона, указанному в вашей карточке-удостоверении, или по номеру 800-522-0088. Просим участников плана PPO для получения дополнительной помощи звонить в Министрство страхования (Department of Insurance) штата Калифорния по номеру 1-800-927-4357. Участников организаций медицинского обслуживания (HMO) просим обращаться в телефонную службу помощи Департамента организованного медицинского обслуживания (DMHC) по телефону 1-888-HMO-2219.

Russian

無料の言語サービス。通訳がご利用になれば、書類を日本語でお読みします。また、書類によっては日本語版をお届けできるものもあります。サービスをご希望の方は、IDカード記載の番号または 800-522-0088 までご連絡ください。PPO加入者: その他のお問い合わせはカリフォルニア州保険庁、1-800-927-4357 までご連絡ください。HMO加入者: DMHCヘルプライン、1-888-HMO-2219 までご連絡ください。

Japanese

خدمات بی هزینه مربوط به زبان. می توانید از خدمات یک مترجم شفاهی برخوردار شوید. می توانید بگویند تا نوشته ها به زبان خودتان برایتان خوانده شده و بعضی از آنها به زبان خودتان برایتان ارسال شوند. برای دریافت کربن کمک. به ما به شماره ای که روی کارت هویتتان قید شده است تلفن کنید و یا با شماره 800-522-0088 تماس بگیرید. اعضاء PPO: برای دریافت کمک بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. اعضاء HMO: با خط تلفنی کمکی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Farsi

ਭਾਸ਼ਾ ਦੀਆਂ ਮੁਫਤ ਸੇਵਾਵਾਂ। ਤੁਹਾਨੂੰ ਦੁਆਰੀਆਂ ਮਿਲ ਸਕਦਾ ਹੈ। ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ ਅਤੇ ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈ ਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਕਿਸੇ ਵੀ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ, ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 800-522-0088 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। PPO ਮੈਂਬਰ: ਹੋਰ ਸਹਾਇਤਾ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। HMO ਮੈਂਬਰ: DMHC ਦੀ ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ।

Punjabi

ការបកប្រែភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែប្រាស់។ អ្នកអាចឲ្យគេអានឯកសារជូនអ្នក និងផ្ញើឯកសារខ្លះ ទៅឲ្យអ្នក ជាភាសាខ្មែរបាន។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានកត់នៅលើប័ណ្ណ ID របស់អ្នក ឬសូមទូរស័ព្ទ ទៅលេខ 800-522-0088។ សមាជិក PPO: សំរាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅក្រសួង ធានារ៉ាប់រងរដ្ឋការលីហ្វឺនីញ៉ា តាមលេខ 1-800-927-4357។ សមាជិក HMO: សូមទូរស័ព្ទទៅជំនួយ DMHC តាមលេខ 1-888-HMO-2219។

Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم. يمكنك طلب قراءة وناقل وإرسال بعضها إليك بلفتك. للحصول على المساعدة، اتصل بنا على الرقم اللين على بطاقة عضويتك (ID) أو رجا الاتصال بالرقم 800-522-0088. اعضاء PPO: للحصول على المساعدة الإضافية يمكنهم الاتصال بـ CA Dept. of Insurance على الرقم 1-800-927-4357. اعضاء برنامج HMO: يمكنهم الاتصال بخط المساعدة التابع لـ DMHC بواسطة الرقم 1-888-HMO-2219.

Arabic

Key Pab Lus Tsis Muaj Nqi Them. Koj txais tau tus neeg txhais lus. Koj muab tau cov ntawv nyeeem rau koj thiab ib co xa tuaj rau koj ua koj hom lus. Kom tau kev pab, hu rau pab ntawm tus xovtooj sau rau koj daim npav ID lossis thov hu 800-522-0088. Cov tswv cuab PPO: kom tau kev pab nxiw hu rau lub CA Dept. of Insurance ntawm 1-800-927-4357. Cov tswv cuab HMO: hu rau lub DMHC Helpline ntawm 1-888-HMO-2219.

Hmong

Doo bəhəh hilinee da hazaad beec haka'adoowolgo. Ata' hane'e la' aka'adoowolgo hiki. Naaltsoos binahji' ee dahozinigi hach'i' yifidoolth aadodoo la' hach'i' adoolyiji' t'aa ho hazaad k'ehji. Ak'a'adoowol biniiye, nihich'i' hodiilnih beesh beec hane'e binumber beec nee h'odolzin biniiye nanitiniigi bikaa' ee doodaii koji' hodiilnih 800-522-0088. PPO atah jiljigo: t'aa naas beec shik'a'anaa'adoowol ninizingo koji' hodiilnih CA Dept of Insuranceeeji' ee 1-800-927-4357. HMO atah jiljigo: koji' hodiilnih DMHC beesh beec hane'e beec ak'a' a'ayeedji' ee 1-888-HMO-2219.

Navajo

Contact Us

Health Net PPO
Post Office Box 10348
Van Nuys, California 91410-0348

Customer Contact Center

Large Group:

1-800-250-5226 (California PPO Covered Person)

1-800-861-7214 (Out-of-State (non-California) PPO Covered Persons)

1-800-331-1777 (Spanish)

1-877-891-9053 (Mandarin)

1-877-891-9050 (Cantonese)

1-877-339-8596 (Korean)

1-877-891-9051 (Tagalog)

1-877-339-8621 (Vietnamese)

Telecommunications Device for the Hearing and Speech Impaired:

1-800-995-0852

www.healthnet.com/cardinalcare

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