

Summary *of* Benefits

Primary EPO • Insurance Plan EBC



DELIVERING CHOICES

When it comes to your health care, the best decisions are made with the best choices. **Health Net Life Insurance Company** (herein called HNL) offers an Exclusive Provider Organization (EPO) insurance plan that provides you with ways to help you receive the care you deserve. This *Summary of Benefits* (SB) document answers basic questions about this versatile plan. If you have further questions, contact the Customer Contact Center at (800) 250-5226 and one of our friendly, knowledgeable representatives will be glad to help.

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 10196
Van Nuys, CA 91410-0196**



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 *student 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 EPO Blanket Student Accident and Sickness Insurance Policy* (here in called *the Policy*) (to be issued to Stanford University) to determine governing contractual provisions. It is important for you to carefully read this SB and your student *Benefit Handbook* thoroughly, once received, especially those sections that apply to special health care needs. This SB includes a matrix of benefits in the section titled, "Schedule of Benefits and Coverage."

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Welcome to Cardinal Care, a Medical benefits program for Stanford University students by Health Net Life.

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

How the insurance plan works

The benefits under this insurance plan are managed by Vaden Health Center (VHC) for Tier 1, and through Health Net Participating Providers for Tier 2. Except in an emergency or for other urgent medical circumstances, services provided by out-of-network providers are not covered under this HNL Insurance Plan.

Under Cardinal Care, Health Net Life provides two tiers of coverage: Tier 1 for care referred by VHC to Stanford University Medical Center (SUMC) or Menlo Medical Clinic, or Tier 2 for care provided by a HNL Participating Provider without a referral from VHC.

The type of provider you choose will determine the level of coverage that will apply for services covered by this Plan.

Tier 1:

To access Tier 1: The Vaden Health Center provides primary care services counseling and psychological services, and pharmacy services. For Tier 1 benefits, Cardinal Care requires all students to first seek services at Vaden (except in an emergency or for other urgent medical circumstances). If necessary, VHC will refer Covered Persons to SUMC for specialty services. This referral is needed for the specialty services to be covered at Tier 1. All Tier 1 services must be provided or arranged by VHC or SUMC with the exception of emergency and urgently needed care anywhere in the world.

A Covered Person enrolled in Cardinal Care will be referred at no extra cost to a Health Net Life physician group or Hospital not affiliated with SUMC if the required service is unavailable at VHC or SUMC.

Tier 2:

Tier 2 services are those rendered by providers who have agreed to participate in the HNL PPO network. They have agreed to provide Covered Persons with health care and to accept a special contracted rate as payment in full for services which are covered under this plan. Your share of the cost for covered services is based on that contracted rate.

Covered services are payable by HNL only when you access care, services, or supplies from the designated Participating Providers of this insurance plan except routine care performed outside of the United States.

How to Obtain Care-Tier 1

Tier 1 coverage applies:

- When the Covered Person receives medical care through VHC and is referred to SUMC or Menlo Medical Clinic. VHC will provide authorization for all medical care for Tier 1 benefits except for Emergency Care or Urgently Needed Care. The Health Net Life Cardinal Care ID Card Shows the VHC addresses and telephone number.

- All medical care and supplies which you obtain must be provided by, authorized by, or arranged by VHC in order for the services to be covered at the Tier 1 level of coverage.

Vaden Health Center (VHC) providers:

- Are responsible for providing initial and primary care;
- Maintain the continuity of patient care; and
- Authorize referrals for Specialist care

For information on providers please call the Health Net Life Customer Contact Center at (800) 250-5226.

Specialists and Referral Care

Sometimes, you may need care that VHC cannot provide. At such times, you will be referred by VHC to a Specialist or other health care provider for that care. As necessary, VHC will refer Cardinal Care members to SUMC or Menlo Medical Clinic for specialty services.

How to Obtain Care-Tier 2

Tier 2 coverage applies:

- When you receive medical care in California from a Health Net Life Participating Provider listed in the Health Net Network Directory without referral from VHC. In the event that you desire to see a provider for care or services without a referral from VHC, you have the option to see one of the HNL's Participating Providers. Simply find the provider you wish to see in the Health Net Life Participating Provider Directory and schedule an appointment.
- When you are outside of California to locate preferred providers near you contact the HNL dedicated Customer Contact Center at (800) 250-5226.
- When accessing care outside of the United States you may see any provider

You can obtain the Health Net Network Directory by calling the Health Net Life Customer Contact Center at (800) 250-5226 or the Participating Provider information is also available through the Health Net website (www.healthnet.com/cardinalcare).

Emergency medical services will be covered at the Tier 1 level anywhere in the world. Non-emergency care out of the United States will be covered at Tier 2 level. International claims will not require prior authorization.

MENTAL DISORDERS AND CHEMICAL DEPENDENCY CARE

HNL contracts with MHN Services, an affiliate behavioral health administrative services company (the Behavioral Health Administrator), to administer behavioral health services for mental disorders and chemical dependency conditions.

HOW TO ENROLL

Stanford students are automatically enrolled in Cardinal Care at the beginning of each academic year. Cardinal Care coverage begins September 1 and ends on August 31 each year. Students who do not opt out of Cardinal Care are covered the entire academic year; during breaks as well as in any non-registered quarter. Students who have alternative health insurance coverage that meets minimum requirements set by the University may waive Cardinal Care, but must do so by applicable deadlines.

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

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

You should obtain more information before enrollment by calling HNL's Customer Contact Center at (800) 250-5226 to ensure that you can obtain the health care services that you need.

Schedule of Benefits and Coverage

THIS MATRIX IS INTENDED TO HELP YOU UNDERSTAND COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE STUDENT BENEFIT HANDBOOK SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Principal benefits and coverage matrix

Deductibles	Tier 1	Tier 2
Deductible	None	\$500

Out-of-Pocket maximum (OOPM)	Tier 1	Tier 2
For covered services and supplies (Per Covered Person)	\$2000.....	\$4000



Once your payment for covered services and supplies (combined for Tier 1 and Tier 2) equals the amount shown above in any one plan year, no additional copayments or coinsurance for covered medical services and supplies are required for the remainder of that plan year.

Payments for any supplemental benefits or services not covered by this insurance plan will not be applied to this plan year out-of-pocket maximum unless otherwise noted. The following expenses will not be counted, nor will these expenses be paid at 100% after the Out-of-Pocket Maximum has been reached:

- Penalties for non-certification inpatient/outpatient services.

Professional services	Tier 1	Tier 2
Visit to physician ☒.....	\$25.....	\$25
Specialist consultations ☒.....	\$30.....	30%
Prenatal office visits [⊕] ☐.....	Covered in full.....	30%
Postnatal office visits [⊕] ☐.....	\$25.....	30%
Normal delivery, cesarean section, newborn inpatient care [⊕] ☐.....	Covered in full.....	30%
Treatment of complications of pregnancy [⊕] *.....	See note below**	See note below**
Physician visit to hospital or skilled nursing facility.....	Covered in full.....	30%
Surgeon or assistant surgeon services (excluding bariatric surgery) [▲] ,*.....	Covered in full.....	30%
Surgeon or assistant surgeon services (for bariatric surgery)*.....	50%	50%
Gender reassignment surgery (including anesthesia)*, [Ⓞ]	Covered in full.....	30%
Administration of anesthetics (excluding bariatric surgery)*.....	Covered in full.....	30%
Administration of anesthetics (for bariatric surgery)*.....	50%	50%
Rehabilitative therapy (includes physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy)*.....	\$30.....	\$40

Habilitative services (including ABA therapy/services)*	\$30	\$40
Organ and stem cell transplants (nonexperimental and noninvestigational)*	Covered in full	30%
Chemotherapy	\$30	30%
Radiation therapy*	\$30	30%
Vision and hearing examinations (for diagnosis or treatment).....	\$30	30%
Vision examinations (for refractive eye examinations)**	\$30	\$30

▣ Prenatal, postnatal and newborn care office visits for preventive care are covered in full. See copayment listings for preventive care services below. 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 will apply for the non-preventive services.

▲ Surgery includes surgical reconstruction of a breast incidentally to mastectomy, including surgery to restore symmetry; also includes prosthesis and treatment of physical complications at all stages of mastectomy, including lymphedema. While HNL and your PCP will determine the most appropriate services, the length of hospital stay will be determined solely by your PCP.

⊕ These copayments apply to professional services only. Services that are rendered in a hospital are also subject to the hospital services copayment. See "Hospital services" in this section to determine if any additional copayments may apply.

☒ Copayments under Tier 1 and Tier 2 are waived for physician visits rendered by a Vaden Health Center clinician.

*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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.

**Deductible under Tier 2 is waived.

⓪ Gender reassignment surgery included Genital Reconstructive Surgery (includes hysterectomy, oophorectomy, and mastectomy requires prior authorization from HNL. The Gender reassignment surgery must be performed by an HNL qualified provider in conjunction with gender transformation treatment. The treatment plan must conform to Harry Benjamin International Gender Dysphoria Association (HBIGDA), now called WPATH (World Professional Association of Transgender Health), standards. Additionally, beyond the actual surgery no cosmetic procedures are covered. If the Covered Person lives more than 100 miles from the nearest authorized Gender reassignment surgery facility, the Covered Person (companion not covered) is eligible to receive travel expense reimbursement, including clinical work-up, diagnostic testing and preparatory procedures, when necessary for the safety of the Covered Person and for the Certified Gender reassignment surgery. All requests for travel expense reimbursement must be pre-approved. Approved travel-related expenses will be reimbursed as follows:

1. Transportation for the Covered Person to and from the HN qualified provider up to \$130 per trip for a maximum of four (4) trips (pre-surgical work-up visit, one pre-surgical visit, the initial surgery and one follow-up visit).
2. Hotel accommodations for the Covered Person not to exceed \$100 per day for the pre-surgical work-up, pre-surgical visit and the follow-up visit, up to (2) days per trip or as Medically Necessary. Limited to one room, double occupancy.
3. Other reasonable expenses not to exceed \$25 per day, up to two (2) days per trip for the pre-surgical workup, pre-surgical visit and follow-up visit and up to four (4) days for the surgery visit.

The following items are specifically excluded and will not be reimbursed: Expenses for tobacco, alcohol, telephone, television, and recreation are specifically excluded. HNL will not prepay (i.e. in advance) travel, lodging and meal expenses. Reimbursement will be provided after the submission of the claims reimbursement form, along with receipts for pre-approved expenses. The authorization number must be provided on all the claim forms. For use of a personal car, the Covered Person must provide the purpose of the trip, the date and

location. Receipts for tolls and parking need to be presented before reimbursement will be approved. Any mileage will be reimbursed at the federal mileage allowance rate.

Allergy treatment and other injections (except for infertility injections)	Tier 1	Tier 2
Allergy testing	\$30.....	30%
Allergy serum	\$0.....	30%
Allergy injection services	\$25.....	30%
Immunization for occupational purposes	Not covered	Not covered
Immunization for foreign travel	Not covered	Not covered
Injections (except for infertility Injectable drugs administered by a physician, (office based injectable medication, per dose)*.....	\$25.....	30%
Self-injectable drugs* [■]	Refer to Pharmacy Benefits	Refer to Pharmacy Benefits

Hormone therapy treatment related to Gender Identity Disorder (GID) is covered.

■ Certain injectable drugs which are considered self-administered injectable drugs are covered under the pharmacy benefit. If you need to have the provider administer the Self-Injectable Drug, you will need to obtain the Self-Injectable Drug through the Specialty Pharmacy Vendor or a contracted retail pharmacy and bring it with you to the provider office. Alternatively, you can coordinate delivery of the Self-Injectable Drug directly to the provider office through the Specialty Pharmacy Vendor. Please refer to the "Specialty Pharmacy Vendor" portion of this "Schedule of Benefits and Coverage" section for the applicable copayment or coinsurance.

*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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.



Injections for the treatment of infertility are described below in the "Infertility services" section.

Outpatient services	Tier 1	Tier 2
Outpatient facility services (other than surgery; except for infertility services and bariatric surgery)	Covered in full.....	30%
Outpatient facility services (other than surgery; for bariatric services)*.....	50%	50%
Outpatient surgery (hospital or outpatient surgery center charges only; except for infertility services and bariatric surgery)*	\$250.....	30%
Outpatient surgery (hospital or outpatient surgery center charges only; for bariatric surgery)*.....	50%	50%
Gender reassignment Outpatient Services * [Ⓞ]	\$250.....	30%

*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 a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.

[Ⓢ] Gender reassignment surgery included Genital Reconstructive Surgery (includes hysterectomy, oophorectomy, and mastectomy requires prior authorization from HNL. The Gender reassignment surgery must be performed by an HNL qualified provider in conjunction with gender transformation treatment. The treatment plan must conform to Harry Benjamin International Gender Dysphoria Association (HBIIGDA), now called WPATH (World Professional Association of Transgender Health), standards. Additionally, beyond the actual surgery no cosmetic procedures are covered. If the Covered Person lives more than 100 miles from the nearest authorized Gender reassignment surgery facility, the Covered Person (companion not covered) is eligible to receive travel expense reimbursement, including clinical work-up, diagnostic testing and preparatory procedures, when necessary for the safety of the Covered Person and for the Certified Gender reassignment surgery. All requests for travel expense reimbursement must be pre-approved. Approved travel-related expenses will be reimbursed as follows:

1. Transportation for the Covered Person to and from the HN qualified provider up to \$130 per trip for a maximum of four (4) trips (pre-surgical work-up visit, one pre-surgical visit, the initial surgery and one follow-up visit).
2. Hotel accommodations for the Covered Person not to exceed \$100 per day for the pre-surgical work-up, pre-surgical visit and the follow-up visit, up to (2) days per trip or as Medically Necessary. Limited to one room, double occupancy.
3. Other reasonable expenses not to exceed \$25 per day, up to two (2) days per trip for the pre-surgical workup, pre-surgical visit and follow-up visit and up to four (4) days for the surgery visit.

The following items are specifically excluded and will not be reimbursed: Expenses for tobacco, alcohol, telephone, television, and recreation are specifically excluded. HNL will not prepay (i.e. in advance) travel, lodging and meal expenses. Reimbursement will be provided after the submission of the claims reimbursement form, along with receipts for pre-approved expenses. The authorization number must be provided on all the claim forms. For use of a personal car, the Covered Person must provide the purpose of the trip, the date and location. Receipts for tolls and parking need to be presented before reimbursement will be approved. Any mileage will be reimbursed at the federal mileage allowance rate.



Outpatient care for infertility is described below in the "Infertility services" section.

Hospital services	Tier 1	Tier 2
Semi-private hospital room or special care unit with ancillary services, including maternity care (unlimited days; excluding Severe Mental Illness, Mental Disorders, Chemical dependency, and Bariatric) services*.....	\$500	30%
Semi-private hospital room or special care unit (unlimited days for Bariatric) services*.....	50%	50%
Skilled nursing facility stay*	\$500	30%
Gender reassignment Inpatient Services *, [Ⓢ]	\$500	30%

The above copayment or coinsurance for inpatient hospital or special care unit services is applicable for each admission for the hospitalization of an adult, pediatric or newborn patient. If a newborn patient requires admission to a special care unit, a separate copayment for inpatient hospital services for the newborn patient will apply.

*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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.

Inpatient care for infertility is described below in the "Infertility services" section.

^① Gender reassignment surgery included Genital Reconstructive Surgery (includes hysterectomy, oophorectomy, and mastectomy requires prior authorization from HNL. The Gender reassignment surgery must be performed by an HNL qualified provider in conjunction with gender transformation treatment. The treatment plan must conform to Harry Benjamin International Gender Dysphoria Association (HBIGDA), now called WPATH (World Professional Association of Transgender Health), standards. Additionally, beyond the actual surgery no cosmetic procedures are covered. If the Covered Person lives more than 100 miles from the nearest authorized Gender reassignment surgery facility, the Covered Person (companion not covered) is eligible to receive travel expense reimbursement, including clinical work-up, diagnostic testing and preparatory procedures, when necessary for the safety of the Covered Person and for the Certified Gender reassignment surgery. All requests for travel expense reimbursement must be pre-approved. Approved travel-related expenses will be reimbursed as follows:

1. Transportation for the Covered Person to and from the HN qualified provider up to \$130 per trip for a maximum of four (4) trips (pre-surgical work-up visit, one pre-surgical visit, the initial surgery and one follow-up visit).
2. Hotel accommodations for the Covered Person not to exceed \$100 per day for the pre-surgical work-up, pre-surgical visit and the follow-up visit, up to (2) days per trip or as Medically Necessary. Limited to one room, double occupancy.
3. Other reasonable expenses not to exceed \$25 per day, up to two (2) days per trip for the pre-surgical workup, pre-surgical visit and follow-up visit and up to four (4) days for the surgery visit.

The following items are specifically excluded and will not be reimbursed: Expenses for tobacco, alcohol, telephone, television, and recreation are specifically excluded. HNL will not prepay (i.e. in advance) travel, lodging and meal expenses. Reimbursement will be provided after the submission of the claims reimbursement form, along with receipts for pre-approved expenses. The authorization number must be provided on all the claim forms. For use of a personal car, the Covered Person must provide the purpose of the trip, the date and location. Receipts for tolls and parking need to be presented before reimbursement will be approved. Any mileage will be reimbursed at the federal mileage allowance rate.

Radiological services	Tier 1	Tier 2
Laboratory procedures and diagnostic imaging (including x-ray)*	Covered in full.....	30%
CT, SPECT, MRI, MUGA and PET**	\$50.....	30%

**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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.*

***For providers in Stanford Hospital & Clinics, Lucille Salter Packard Children's Hospital and Clinics, and Lucille Packard Children's Hospital Medical Group and Menlo Medical Clinic, complex radiology services will be covered at Tier 1 cost share regardless of the contract or lack of contract with the provider.*

Preventive care	Tier 1	Tier 2
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The following benefits are not subject to the plan year deductible

Preventive care services for children (through age 16)	Covered in full	Covered in full
Preventive care services for adults (age 17 and older).....	Covered in full	Covered in full



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.

One breast pump and the necessary supplies to operate it will be covered for each pregnancy at no cost to the member. We will determine the type of equipment, whether to rent or purchase the equipment and the vendor who provides it. Breast pumps can be obtained by calling the Customer Contact Center at the phone number listed on the back cover of this booklet.

Emergency health coverage	Tier 1	Tier 2
Emergency room (professional and facility charges).....	\$100.....	\$100
Urgent care center (professional and facility charges).....	\$50.....	\$50



The copayment for emergency room or urgent care center will not apply if the covered person is admitted as an inpatient directly from the emergency room or urgent care center.

The Tier 2 plan year deductible is waived for emergency or urgent care services.

Care referred by Vaden Health Center or emergency services will be covered at the Tier 1 level. Outside of California, First Health Providers coordinate the non-emergency services which are paid at the Tier 2 level of benefits.

When you receive non-emergency medically necessary care outside the United States, you will receive Tier 2 benefits. If you have questions, before or during travel, you may call HNL Customer Contact Center at 1-800-250-5226 or 1-818-676-6767.

International claims will not require prior authorization.

Ambulance services	Tier 1	Tier 2
Ground ambulance*	Covered in full	Covered in full
Air ambulance*	Covered in full	Covered in full

*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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.

Prescription drug coverage

Retail participating pharmacy (up to a 30-day supply)

Tier I drugs listed on the Essential Rx Drug List (primarily generic).....	\$10
Tier II drugs listed on the Essential Rx Drug List (primarily preferred brand name) and diabetic supplies (including insulin) ♦	\$35
Tier III drugs listed on the Essential Rx Drug List (or non-preferred drugs not listed on the Essential Rx Drug List) ♦	\$50
Lancets	Covered in full
Oral infertility drugs	50%

Preventive drugs, including smoking cessation drugs and women’s contraceptives Covered in full

Specialty Pharmacy Vendor

Specialty drugs when listed in the Essential Rx Drug List..... \$50

For information about HNL’s Essential Rx Drug List, please call the Customer Contact Center at the telephone number on the back cover.

Orally administered anti-cancer drugs will have a copayment and coinsurance maximum of \$200 for an individual prescription of up to a 30-day supply.

◆ *Generic drugs will be dispensed when a generic drug equivalent is available. We will cover brand name drugs that have generic equivalents only when the brand name drug is medically necessary and the physician obtains prior authorization from HNL. Covered brand name drugs are subject to the applicable copayment for Tier II drugs or Tier III drugs.*

A Physician must obtain HNL’s Prior Authorization for coverage of Brand Name Drugs that have generic equivalents.

If the usual and customary charge is less than the applicable copayment, then you will pay the usual and customary charge. Prescription drug covered expenses are the lesser of Health Net’s contracted pharmacy rate or the pharmacy’s usual and customary charge for covered prescription drugs.

Self-administered injectable drugs are covered when prior authorization is obtained from HNL and the drugs are dispensed through the VHC Pharmacy, HNL’s Specialty Pharmacy Vendor, or HNL’s contracted retail pharmacy. Please note that needles and syringes required to administer the self-injectable medication are covered only when obtained through the Specialty Pharmacy Vendor.

- *Self-administered injectable medications are defined as drugs that are:*
- *Medically necessary;*
- *Administered by the patient or family member; either subcutaneously or intramuscularly;*
- *Deemed safe for self-administration as determined by HNL’s Pharmacy and Therapeutics committee.*

** Preventive drugs, including smoking cessation drugs, and women’s contraceptives that are approved by the Food and Drug Administration are covered at no cost to the Covered Person, and are not subject to the deductible. Preventive drugs are prescribed over-the-counter drugs or are 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 a generic equivalent is commercially available, you will be required to pay the difference in cost between the generic and brand name drug. However, if a brand named drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand name drug will be dispensed at no charge.*

This plan uses the Essential Rx Drug List. The HNL Essential Rx Drug List is the approved list of medications covered for illnesses and conditions. It is prepared by HNL and distributed to HNL contracted physicians and participating pharmacies. The Essential Rx Drug List also shows which drugs are Tier I, Tier II or Tier III, so you know which copayment applies to the covered drug. Drugs that are not on the Essential Rx Drug List (that are not excluded or limited from coverage) are also covered at the Tier III drug copayment.

Some drugs require prior authorization from HNL. Urgent requests from physicians for authorization are processed as soon as possible, not to exceed two business days or 72 hours, whichever is less, after Health Net Life’s receipt of the request and any additional information requested by Health Net Life that is reasonably necessary to make the determination. Routine requests from physicians are processed in a timely fashion, not to exceed two business days, as appropriate and medically necessary, for the nature of the member’s condition after Health Net Life’s receipt of the information reasonably necessary and requested by Health Net Life to make the determination. For a copy of the Essential Rx Drug List, call the Customer Contact Center at the number listed on the back cover of this booklet or visit our website at www.healthnet.com.

Medical Supplies	Tier 1	Tier 2
Durable medical equipment*♦	Covered in full	30%
Orthotics (such as bracing, supports and casts)*	Covered in full	30%
Diabetic equipment. See the "Prescription drug program" section of this SB for diabetic supplies benefit information.	Covered in full	30%
Diabetic footwear.....	Covered in full	30%
Prostheses*	Covered in full	30%

♦Durable medical equipment includes coverage for up to two medically necessary contact lenses per eye (including fitting and dispensing) in any 12-month period to treat conditions of aniridia (missing iris).



Diabetic equipment covered under the medical benefit (through “Diabetic Equipment”), includes blood glucose monitors designed for the visually impaired, insulin pumps and related supplies. In addition, the following supplies are covered under the medical benefit as specified: diabetic footwear, visual aids (excluding eyewear) to assist the visually impaired with the proper dosing of insulin are provided through the prostheses 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). 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 specific brands of insulin syringes.

Breastfeeding devices and supplies, as supported by HRSA guidelines, are covered under “Preventive care” in this section.

*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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.

Mental disorder and chemical dependency Benefits

† Benefits are administered by MHN Services, an affiliate behavioral health administrative services company. Covered services are payable by MHN only when you access care from Participating Mental Health Professionals except in emergencies. A special network of providers has been contracted for Stanford students only; this network is locally available in addition to MHN's full national network of providers.

Please call the MHN Customer Service Center at (800) 327-0307 for any additional information.

OUT-OF-POCKET MAXIMUM

For covered services or supplies (per Covered Person, combined with Medical)..... \$2000

ADDITIONAL DEDUCTIBLES

Emergency room deductible (per visit)..... \$100

Severe Mental Illness and Serious Emotional Disturbances of a Child

Outpatient office visits (psychological evaluation or therapeutic session in an office setting, including individual and

group therapy sessions, medication management and drug therapy monitoring)*	\$25
Outpatient services other than office visits (psychological and neuropsychological testing, intensive outpatient care program, day treatment, partial hospitalization and other outpatient procedures including behavioral health treatment for pervasive developmental disorder or autism)	Covered in full
Physician visit to hospital, participating behavioral health facility or residential treatment center	Covered in full
Inpatient facility*	\$500

Other Mental Disorders

Outpatient office visits (psychological evaluation or therapeutic session in an office setting, including individual and group therapy sessions, medication management and drug therapy monitoring)*	\$25
Outpatient services other than office visits (psychological and neuropsychological testing, intensive outpatient care program, day treatment, partial hospitalization and other outpatient services).....	Covered in full
Physician visit to hospital, participating behavioral health facility or residential treatment center	Covered in full
Inpatient facility*	\$500

Chemical Dependency

Outpatient office visits (psychological evaluation or therapeutic session in an office setting, including individual and group therapy sessions, medication management and drug therapy monitoring).....	\$25
Outpatient services other than office visits (psychological and neuropsychological testing, intensive outpatient care program, day treatment, partial hospitalization, medical treatment for withdrawal symptoms, and other outpatient services)■	Covered in full
Physician visit to hospital, participating behavioral health facility or residential treatment center	Covered in full
Inpatient facility*	\$500
Acute care detoxification*.....	\$500

**These services require certification for coverage. 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.*

Exceptions:

The emergency room deductible will be waived if the Covered Person is admitted to a Hospital directly from an emergency room.

*Each group therapy session requires only one half of a private office visit copayment.

Home health services	Tier 1	Tier 2
Home health services (copayment required for each day home health visits occur)	\$25	30%
Combined maximum number of visits during a Plan year	100	100

Other services	Tier 1	Tier 2
Sterilization Vasectomy	\$50	\$100
Sterilization Tubal ligation [■]	Covered in full	Covered in full
Blood, blood plasma, blood derivatives and blood factors (except for drugs used to treat hemophilia, including blood factors) *,**	Covered in full	30%
Drugs used to treat hemophilia, including blood factors*,**	Refer to Pharmacy	Refer to Pharmacy
	Benefits	Benefits
Nuclear medicine	\$30	30%
Renal dialysis	\$25	30%
Hospice services*	Covered in full	30%

[■] Deductible under Tier 2 is waived.

*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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.

** 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. If you need to have the provider administer the Specialty Drug, you will need to obtain the Specialty Drug through the Specialty Pharmacy Vendor and bring it with you to the provider'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.



Infertility services and supplies are described below in the "Infertility services" section.

Infertility services	Tier 1	Tier 2
Infertility services and supplies (to diagnose or evaluate infertility) ^{‡,*}	50%	50%

Notes:

Infertility services include prescription drugs, professional services, inpatient care, outpatient care and treatment by injections.

Infertility services include gamete intrafallopian transfer (GIFT), artificial insemination (AI) and intrauterine insemination (IUI) and all covered services that prepare the member to receive these procedures, are covered only for the HNL member.

Injections for Infertility are covered only when provided in connection with services that are covered by this Plan.

⚡These copayments apply to professional services only. Services that are rendered in a hospital are also subject to the hospital services copayment. See "Hospital services" in this section to determine if any additional copayments may apply.

**Inpatient Infertility 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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.*

Chiropractic services

Chiropractic care*	\$25	30%
Combined maximum visits per plan year	15	15

Acupuncture services

Acupuncture care*	\$25	30%
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**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, a \$500 penalty will be charged for Tier 1 and Tier 2 inpatient services and a \$100 penalty will be charged for Tier 1 and Tier 2 outpatient services.*

Pediatric Dental Services (birth through the end of the month in which the Covered Person turns 19 years of age)

We provide toll-free access to our Customer Service Associates to assist the Covered Person with benefit coverage questions, resolving problems or changing their dental office. Customer Service can be reached Monday through Friday at **1-866-249-2382** from 5:00 a.m. to 8:00 p.m. Pacific Standard Time. Automated service is also provided after hours for eligibility verification and dental office transfers.

Pediatric Vision Plan Benefits (birth through the end of the month in which the Covered Person turns 19 years of age)

We provide toll-free access to our Customer Service Associates to assist the Covered Person with benefit coverage questions, resolving problems or changing their vision office. Customer Service can be reached Monday through Friday at **1-866-392-6058** from 5:00 a.m. to 8:00 p.m. Pacific Standard Time. Automated service is also provided after hours for eligibility verification and vision office transfers.

The vision services benefits are provided by HNL. HNL contracts with EyeMed Vision Care, LLC, a vision services provider panel, to administer the vision services benefits.

Limits of coverage

WHAT'S NOT COVERED (EXCLUSIONS AND LIMITATIONS)

- Air or ground ambulance and paramedic services that are not emergency care or which do not result in a patient's transportation will not be covered unless certification is obtained and services are medically necessary.
- Artificial insemination for reasons not related to infertility;

- 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;
- 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. If you need to have a provider administer the Specialty Drug, you will need to obtain the Specialty Drug through the Specialty Pharmacy Vendor and bring it with you to the provider office. Alternatively, you can coordinate delivery of the Specialty Drug directly to the provider's office through the Specialty Pharmacy Vendor.
- Conception by medical procedures (IVF and ZIFT);
- Conditions resulting from the release of nuclear energy when government funds are available;
- Except for podiatric devices to prevent or treat diabetes-related complications, corrective footwear is not covered unless medically necessary, custom made for the covered person and permanently attached to a medically necessary orthotic device that is also a covered benefit under this plan;
- Cosmetic services and supplies;
- Custodial or live-in care;
- Dental (except for Pediatric 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;
- Dietary or nutritional supplements, except when prescribed for the treatment of Phenylketonuria (PKU);
- 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 HNL to be medically necessary. The prescribing physician must request prior authorization for coverage;
- Hearing aids;
- Hypnosis;
- Marriage counseling, except when rendered in connection with services provided for a treatable mental disorder;
- Non-eligible institutions. This insurance plan only covered services or supplies provided by a legally operated hospital, Medicare-approved skilled nursing facility or other property licensed facility as specified in the student Benefit Handbook. Any institution that is primarily a place for the aged, nursing home or similar institution, regardless of how it is designated, is not an eligible institution. Services or supplies provided by such institutions are not covered;
- Nontreatable disorders;
- Outpatient prescriptions drugs or medications (except as noted under "Prescription drug program");
- Orthoptics (eye exercises);
- Personal or comfort items;
- Physician self-treatment;
- Physician treatment of immediate family members;
- Private rooms when hospitalized, unless medically necessary;
- Private-duty nursing;
- Refractive eye surgery unless medically necessary, recommended by your treating physician and authorized by HNL;
- 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 for the collection, preservation and storage of umbilical cord blood, cord blood stem cells and adult stem cells;
- Services and supplies not authorized by HNL according to HNL's procedures;

- Services for surrogate pregnancy are covered when the surrogate is an HNL covered person. However, when compensation is obtained for the surrogacy, the HNL shall have a lien on such compensation to recover its medical expenses;
- Services received before effective date or after termination of coverage, except as specifically stated in the "Extension of Benefits" section of your student Benefit Handbook;
- Services related to educational and professional purposes; except for behavioral health treatment for pervasive developmental disorder or autism;
- 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; and
- Treatment of obesity, weight reduction or weight management, bariatric services, except for treatment of morbid obesity.

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

Notice of Nondiscrimination

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

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

On Exchange/Covered California 1-888-926-4988 (TTY: 711)
Off Exchange 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you. You can also file a grievance by mail, fax or online at:

Health Net Life Insurance Company
P.O. Box 10348
Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: healthnet.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

Notice of language services

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711). If you bought coverage through the California marketplace call 1-888-926-4988 (TTY: 711). For more help: If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية أو اتصل على مركز الاتصال التجاري في 1-800-522-0088 (TTY: 711). في حال قمت بشراء التغطية من سوق كاليفورنيا، اتصل على الرقم 1-888-926-4988 (TTY: 711) وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من شركة التأمين على الحياة Health Net Life Insurance Company، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Եթե սպահովագրում եք գնել Կալիֆորնիայի շուկայական հրապարակի միջոցով, զանգահարեք 1-888-926-4988 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար, եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO սպահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության զիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。如果您透過加州健康保險交易市場購買承保，請致電 1-888-926-4988 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

Hindi

बिना लागत वाली भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711) पर कॉल करें। यदि आपने कैलिफोर्निया मार्केट प्लेस के माध्यम से कवरेज खरीदा है तो 1-888-926-4988 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company पीपीओ PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc. के एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएससी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Kev pab, hu rau peb ntawm tus xov tooj teev nyob rau hauv koj daim ID card los yog hu rau 1-800-522-0088 (TTY: 711). Yog tias koj yuav kev pov hwm ntawm California marketplace hu 1-888-926-4988 (TTY: 711). Xav tau kev pab ntxiv: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

Japanese

無料の言語サービス。通訳をご利用いただけます。日本語で文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088、(TTY: 711) までお電話ください。カリフォルニア州のマーケットプレイス（保険購入サイト）を通じて保険を購入された方は、1-888-926-4988 (TTY: 711) までお電話ください。さらに援助が必要な場合:Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMOまたはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

Khmer

សេវាកាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បើសិនអ្នកបានទិញការធានារ៉ាប់រងតាមរយៈ ទីផ្សារនៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទូរសព្ទទៅលេខ 1-888-926-4988 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO ពីក្រុមហ៊ុនធានារ៉ាប់រងជីវិត Health Net Life Insurance Company សូមទាក់ទងទៅនាយកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net of California, Inc. នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스를 통해 보험을 구입하셨으면 1-888-926-4988 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

Navajo

Saad Bee Áká E'eyeed T'áá Jíik'e. Ata' halne'ígíí hólló. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shiká a'doowoł nínízingo naaltsoos bee néiho'dólzínigíí bikáa'gi béésh bee hane'í bikáá' áajj' hodiilnih éi doodaii' 1-800-522-0088 (TTY: 711). California marketplace hoolyéhíjí béeso ách'áá' naanilí ats'íis baa áháyá' biniiyé nahíníni'go éi kojí' hólné' 1-888-926-4988 (TTY: 711). Shiká anáa'doowoł jinízingo: PPO éi doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'áá' naa'nil biniiyé hwe'iina' bik'é'éstí'go éi CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éi doodaii' HSPqjí Health Net of California, Inc.qjí béeso ách'áá' naa'nil biniiyé hats'íis bik'é'éstí'go éi kojí' hojilnih DMHC Helpline 1-888-HMO-2219.

Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. اگر پوشش بیمه را از طریق بازارگاه کالیفرنیا خریداری کردید با شماره 1-888-926-4988 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Panjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਬਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਕੈਲੀਫੋਰਨੀਆਂ ਮਾਰਕਿਟ ਪਲੇਸ ਦੇ ਰਾਹੀਂ ਬੀਮਾ ਕਵਰੇਜ਼ ਖਰੀਦੀ ਹੈ ਤਾਂ 1-888-926-4988 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ ਤੁਸੀਂ Health Net Life Insurance Company ਪੀਪੀਓ PPO ਜਾਂ ਈਓਏ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਾਂਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆਂ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ Health Net of California, Inc. ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਾਂਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711). Если свою страховку вы приобрели на едином сайте по продаже медицинских страховок в штате Калифорния, звоните по телефону 1-888-926-4988 (TTY: 711).
Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния (CA Dept. of Insurance), телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания DMHC, телефон 1-888-HMO-2219.

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Si adquirió la cobertura a través del mercado de California, llame al 1-888-926-4988 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711). Kung bumili kayo ng pagsakop sa pamamagitan ng California marketplace tawagan ang 1-888-926-4988 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) หากคุณซื้อความคุ้มครองผ่านทาง California marketplace โทร 1-888-926-4988 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711). Nếu quý vị mua khoản bảo trả thông qua thị trường California 1-888-926-4988 (TTY: 711). Để nhận thêm trợ giúp: Nếu quý vị đăng ký hợp đồng bảo hiểm PPO hoặc EPO từ Health Net Life Insurance Company, vui lòng gọi Sở Y Tế CA theo số 1-800-927-4357. Nếu quý vị đăng ký vào chương trình HMO hoặc HSP từ Health Net of California, Inc., vui lòng gọi Đường Dây Trợ Giúp DMHC theo số 1-888-HMO-2219.

Contact Us

Health Net EPO
Post Office Box 10196
Van Nuys, California 91410-0348

Customer Contact Center:

1-800-250-5226

**Telecommunications Device
for the Hearing and Speech Impaired:**
1-800-995-0852

www.healthnet.com/cardinalcare

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