

# Member *Benefits* Toolkit *for FEHB*

*An overview of your 2019 plan offerings in Southern California*





# Get More from Your Health Care Benefits



## Get the Federal Brochure

Download the Health Net  
Federal Brochure  
(RI 73-159) at  
[www.healthnet.com/  
fehb](http://www.healthnet.com/fehb), or request a  
copy by calling the  
Health Net Customer  
Contact Center at  
**1-800-522-0088**.

At Health Net, we design our plans to offer members the right mix of value and affordability, without compromising quality.

## *2019 benefit highlights*

Health Net's ExcelCare HMO (High and Standard Options) and Salud HMO y Más (Basic Option) plan highlights include:

- **New!** Telehealth services through Teladoc – Connect with a U.S. board-certified physician 24/7.
- **New!** Acupuncture coverage combined with chiropractic through American Specialty Health Plans, Inc. (ASH).
- Affordable, fixed copayments for many services.
- A tailored network of quality providers.
- Emergency services covered worldwide.
- The Active&Fit Direct Program offers fitness center memberships to 9,600+ fitness centers nationwide.
- Access to participating SIMNSA providers in Mexico (Basic Option).
- Use a convenient MinuteClinic for walk-in medical service in select locations (High and Standard Options only).



Below is a brief description of some benefit features of our ExcelCare HMO and Salud HMO y Más plans. Before making your final decision, please read the Health Net Federal Brochure (RI 73-159).

### 2019 benefits<sup>1</sup>

<i>Benefit</i>	<i>High Option</i>	<i>Standard Option</i>	<i>Basic Option</i>
Preventive care for adults and children	Covered at 100%	Covered at 100%	Covered at 100%
Primary care office visits	\$20 copay	\$30 copay	\$40 copay
Specialist office visits	\$30 copay	\$50 copay	\$40 copay
Therapy – physical, cardiac, occupational, and speech	Covered at 100%	\$30 copay	\$40 copay
Durable medical equipment	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient hospitalization	\$150 copay/day (\$750 max. per admit)	\$750 copay	\$500 copay/day (\$1,500 max. per admit)
Outpatient hospitalization	\$200 copay	\$350 copay	\$500 copay
Hearing aids	Covered at 100% / \$1,500 maximum	Covered at 100% / \$1,500 maximum	Covered at 100% / \$1,500 maximum
<b>Retail prescription drugs</b>			
Generic / brand / non-formulary / specialty	\$10 / \$35 / \$60 / 20% (\$200 max.)	\$15 / \$35 / \$65 / 20% (\$200 max.)	\$15 / \$35 / \$65 / 20% (\$200 max.)
<b>Mail order prescription drugs</b>			
Generic / brand / non-formulary	\$20 / \$70 / \$120	\$30 / \$70 / \$130	\$30 / \$70 / \$130
<b>Acupuncture and chiropractic</b>			
	\$10 copay; 20 visit max combined through ASH	\$10 copay; 20 visit max combined through ASH	\$10 copay; 20 visit max combined through ASH

The rates shown below do not apply to all enrollees. If you are in a special enrollment category, please refer to your special FEHB guide, or contact the agency that maintains your health benefits enrollment.

### 2019 rate information for Southern California

	<i>High Option</i>			<i>Standard Option</i>			<i>Basic Option</i>		
	<b>Self only</b>	<b>Self plus one</b>	<b>Self and family</b>	<b>Self only</b>	<b>Self plus one</b>	<b>Self and family</b>	<b>Self only</b>	<b>Self plus one</b>	<b>Self and family</b>
<b>Non-postal biweekly premium</b>									
Your share	\$228.15	\$516.06	\$574.68	\$206.27	\$467.92	\$522.16	\$38.35	\$84.37	\$92.04
<b>Non-postal monthly premium</b>									
Your share	\$494.33	\$1,118.13	\$1,245.14	\$446.92	\$1,013.82	\$1,131.35	\$83.09	\$182.81	\$199.42
<b>Postal biweekly premium (Category 1)</b>									
Your share	\$224.95	\$509.22	\$567.38	\$203.07	\$461.08	\$514.86	\$36.82	\$81.00	\$88.36
<b>Postal biweekly premium (Category 2)</b>									
Your share	\$215.36	\$488.71	\$545.50	\$193.48	\$440.57	\$492.98	\$31.83	\$70.03	\$76.40

<sup>1</sup>All benefits are subject to the definitions, limitations and exclusions set forth in the Health Net Federal Brochure.



# Common Questions and Useful Answers!

## How do I enroll?

To get specific information about the enrollment process at your agency, contact your agency Human Resources Office.

Please review these frequently asked questions to help you decide which plan option works best for you and your family.

### *What are the differences between the High, Standard and Basic Option HMO plans?*

The main differences between the plans are their copayment variations for certain services. On the High and Standard Option plans, you must select a provider from Health Net's ExcelCare HMO Network. For the Basic Option plan, you must choose from Health Net's Salud HMO y Más Network.

### *How do I know which providers are in my area?*

A list of participating medical groups and hospitals within 30 miles of your home or work address will be distributed during Open Enrollment meetings. This means you can choose a doctor who's convenient to get to when you need care.

This listing is a general guide only and is subject to change. Please confirm that the medical group and doctor are affiliated with the hospital listed. For more information, visit [www.healthnet.com/fehb](http://www.healthnet.com/fehb).

### *How do I know if I live in the ExcelCare HMO or Salud HMO y Más service area?*

Refer to the back cover for a detailed list of counties, including ZIP codes for partially covered counties.

### *How do I find a provider in the network?*

You have options! Use our ProviderSearch tool online. Go to [www.healthnet.com/fehb](http://www.healthnet.com/fehb) and click ProviderSearch. See page 5.

To request a directory, or for help finding an in-network provider, call the Health Net Customer Contact Center at 1-800-522-0088.

### *How can I save on health care costs with health plans offered by Health Net?*

**Our plans do not have a deductible.** This means that whatever the copayment amount your plan shows for a covered benefit, that is the amount you will pay without having to satisfy a predetermined amount (or deductible) before enjoying your benefits.



**Our plans do have an out-of-pocket maximum (OOPM).** This is a maximum amount a member will spend on medical copayments or coinsurance during the calendar year. The maximum for High and Standard Options is \$1,500 for self, \$3,000 for self plus one and \$4,500 per family. The maximum for the Basic Option is \$4,500 for self, \$9,000 for self plus one and \$9,000 per family. The prescription drug maximum for High and Standard Options is \$2,900 for individual or \$8,700 per family. The prescription drug maximum for Basic Option is \$2,000 for individual or \$4,000 per family.

Health Net tracks your paid copayments for prescription drugs. However, it is your responsibility to keep a record of the medical copayments and coinsurance that you have paid. When you feel you have satisfied the OOPM, contact Health Net's Customer Contact Center. We will request copies of your medical receipts, and, if you have satisfied the OOPM, we will notify the providers that no further medical copayments or coinsurance are necessary for the balance of the year.

# Social Media *and* Online Tools



## Social media

You can connect with Health Net via multiple social media sites. Like us or follow us on  **Facebook**, and follow us on  **Twitter** @healthnet so we can better serve your health and wellness experience.

## Online



### Blogs

Go to [www.healthnetpulse.com/member](http://www.healthnetpulse.com/member). Health Net Member Pulse, our online newsletter, provides a one-stop location for Health Net member-related news, tips and preventive health information.

### Health Net's ProviderSearch

With ProviderSearch, you can find the most up-to-date listings of doctors, hospitals, urgent care centers, and other types of health care providers. Here's how:

- Launch the tool from [www.healthnet.com/fehb](http://www.healthnet.com/fehb) > *ProviderSearch*.
- Enter a location (street address and radius, city, county, or state).
- Further narrow your search by Provider Name/ID/License Number or by Plan/Network. The provider network selections are HMO – ExcelCare Small Group/Large Group (with walk-in clinics) or HMO – Salud HMO y Más Large Group/Small Group (GF plans).
- Select a type of provider (doctor, hospital, medical group, etc.) to get your results.

Search results give you easy-to-read details about providers.

## Register for our website

Once you're a Health Net member, go to [www.healthnet.com/fehb](http://www.healthnet.com/fehb), click *Register* and fill out the registration form. Be sure to have your ID card handy. As a registered member of the website, you'll have 24/7 access to the user-friendly tools and health information you need most. You can:

- Get your benefit details and copayments, *Evidence of Coverage* (EOC) and prior authorization list.
- Find a doctor, locate the nearest hospital or search services with our ProviderSearch tool. Plus, get maps that show the precise location of the office or hospital.
- Change your primary care physician (PCP).
- Get ID cards and forms, manage your account details and view medical treatment policies.
- Try health promotion programs to address health-related factors such as smoking/tobacco cessation, emotional health, exercise, nutrition, and more.
- Complete the Health Risk Questionnaire (HRQ) to get an idea of your overall health.
- Take advantage of our telehealth services through Teladoc. Perfect for people on the go who can't always make it to a doctor's office.
- Register for our monthly Wellness Webinar, which offers a new health topic at each session.



### Our Health Net

Mobile app is perfect for your busy, on-the-go life. You get 24/7 access to your online account, whenever and wherever you need it. Available for Apple and Android devices.



# More Than an ID Card

Health Net is focused on giving you all the tools you need to live a healthier, more productive life. Our programs help empower you to make healthy lifestyle decisions for you and your family.



Your Health Net benefits cover most over-the-counter and prescription medications for tobacco cessation at no cost to you.<sup>2</sup>

## *Smoking cessation*

Health Net's Decision Power® programs for smoking and tobacco cessation offer you these support options:

- **Support by phone – Quit For Life®**  
Decision Power quit coaches are available with one-on-one telephonic support to help you quit smoking or using tobacco. Call the number on your ID card.
- **Online access**  
Take advantage of useful online resources, including information about our comprehensive online smoking cessation program. Log in to [www.healthnet.com/fehb](http://www.healthnet.com/fehb) and then click *Wellness Center*.

Whether you've tried quitting before or are just thinking about it for the first time, we are here to support you in taking the steps to a healthier lifestyle.

## *Health Risk Questionnaire (HRQ)*

The (HRQ) provides you with a personalized report of your behavioral and medical health risks. Immediately after taking the online HRQ, you receive a personalized action plan.

## *Nurse Advice Line*

The toll-free Nurse Advice Line offers you reliable guidance from licensed nurses any time of the day or night. You can reach out with any health concern, from how best to manage a chronic condition to how to treat a minor injury.

## *Health Promotion programs*

These comprehensive behavior change programs offer you the information and tools to improve your health and reduce your disease risk. The programs offer weekly assignments and goal-setting tips personalized to your individual preferences and interests. Each program focuses on one health topic and includes a to-do list of action items to help you reach your goals.

<sup>2</sup>When filled through a plan pharmacy or our mail-order program. Members should consult their benefits brochure for a list of covered, prescribed and over-the-counter medications.



### *Health Coaching program*

Enjoy one-on-one, individual wellness support via telephone with a health coach. Choose from a variety of program topics, including nutrition, stress management, exercise, tobacco cessation, and weight loss.

### *Quality and cost assessment tools*

Our focus on quality among our providers helps ensure that you receive the right care for your needs. You can check quality of care in your area with the tools and reports we make available once you're a member and registered on [www.healthnet.com/fehb](http://www.healthnet.com/fehb).

- The **Hospital Advisor** comparison tool has details about hospital treatment outcomes, number of patients treated for a particular illness or procedure, and average number of hospital days needed to treat that illness or procedure.
- The **Treatment Cost Estimator** gives you location-specific costs for common health care services such as diagnostic tests, drug categories, inpatient procedures, office visits, and outpatient procedures and treatments.

## Programs especially for federal employees

### **Teladoc**

New for 2019! With telehealth services through Teladoc, you get 24/7 access to U.S. board-certified doctors through convenient phone, video or mobile app visits – all for a \$0 copayment.

Teladoc doctors can diagnose and treat cold and flu symptoms, allergies, upper respiratory infections, and skin problems, as well as send prescriptions to your local pharmacy, when medically necessary.

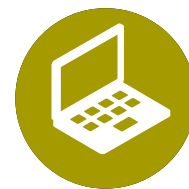
### **myStrength**

A confidential online resource, personalized to help improve your mood. The program's self-help resources are designed to help empower you to become – and stay – mentally and physically healthy.

### **Omada (proactive diabetes prevention)**

Our digital lifestyle change program combines the latest technology with ongoing support. It's an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease. The program offers qualified members:

- A small group of participants for real-time support.
- Weekly online lessons to educate and inspire.
- A wireless smart scale to monitor your progress.



We offer members discounts on weight-loss programs, hearing aids and screenings, chiropractic services, and more. Visit [www.healthnet.com/fehb](http://www.healthnet.com/fehb), and click *Wellness Programs & Discounts*.

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, 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 **1-800-522-0088 (TTY: 711)**.

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc. Appeals & Grievances  
PO Box 10348  
Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or  
[Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at [www.dmhc.ca.gov/FileaComplaint](http://www.dmhc.ca.gov/FileaComplaint).

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, 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>.



## 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).

## 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 (TTY: 711) 1-800-522-0088

## 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).

## 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)。

## Hindi

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लरि, आपके आईडी कार्ड पर दएि गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711)।

## Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 1-800-522-0088 (TTY: 711).

## Japanese

無料の言語サービス。通訳をご利用いただけます。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)。

## Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។

## Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하십시오 1-800-522-0088 (TTY: 711).

## Navajo

Saad Bee Áká E'eyeed T'áá Jíik'e. Ata' halne'ígíí hóh'í. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowot nínízingo naaltsoos bee néího'dóh'íngíí bikáa'gi béésh bee hane'í bikáa' áají' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711).

## 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).

**Panjabi (Punjabi)**

ਬਨਿੰ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀ 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 ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

**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).

**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 1-800-522-0088 (TTY: 711).

**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).

**Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

**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. Đề 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).

## California service area counties

### *Southern California – High and Standard Option plans*

**Full counties:** Los Angeles, Orange, San Diego, and Ventura

**Partial counties** (The following ZIP codes are those included in our service area):

Kern  
93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-09, 93311-14, 93380, 93383-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93531, 93560-61, 93581, 93596

Riverside  
91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92247, 92253-55, 92258, 92260-64, 92270, 92274, 92276, 92282, 92320, 92501-09, 92513-14, 92516-19, 92521-22, 92530-32, 92536, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92860, 92877-83

San Bernardino  
91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91784-86, 92252, 92256, 92268, 92277-78, 92284-86, 92301, 92305, 92307-08, 92311-18, 92321-22, 92324-25, 92327, 92329, 92331, 92333-37, 92339-42, 92344-47, 92350, 92352, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385-86, 92391-95, 92397-99, 92401-08, 92410-11, 92413, 92415, 92418, 92423, 92427

### *Southern California – Basic Option plan*

**Full county:** Orange

**Partial counties** (The following ZIP codes are those included in our service area):

Los Angeles  
90001-84, 90086-89, 90091, 90093-96, 90099, 90201-02, 90209-13, 90220-24, 90230-33, 90239-42, 90245, 90247-51, 90254-55, 90260-67, 90270, 90272, 90274-75, 90277-78, 90280, 90290-96, 90301-12, 90401-11, 90501-10, 90601-10, 90637-40, 90650-52, 90660-62, 90670-71, 90680, 90701-04, 90706-07, 90710-17, 90720-21, 90723, 90731-34, 90740, 90742-49, 90755, 90801-10, 90813-15, 90822, 90831-35, 90840, 90842, 90844, 90846-48, 90853, 90895, 90899, 91001, 91003, 91006-12, 91016-17, 91020-21, 91023-25, 91030-31, 91040-43, 91046, 91066, 91077, 91101-10, 91114-18, 91121, 91123-26, 91129, 91182, 91184-85, 91188-89, 91199, 92101-10, 91214, 91221-22, 91224-26, 91301-09, 91311, 91313, 91316, 91324-31, 91333-35, 91337, 91340-46, 91352-53, 91356-57, 91364-67, 91371-72, 91376, 91392-96, 91401-13, 91416, 91423, 91426, 91436, 91470, 91482, 91495-96, 91499, 91501-08, 91510, 91521-23, 91526, 91601-12, 91614-18, 91702, 91706, 91711, 91714-16, 91722-24, 91731-35, 91740-41, 91744-50, 91754, 91755-56, 91765-91773, 91775-76, 91778, 91780, 91788-93, 91801-04, 91896, 91899

Kern  
93263, 93301-09, 93311-14

Riverside  
91752, 92320, 92501-09, 92513-14, 92516-19, 92521-22, 92551-57, 92570-71, 92599, 92860, 92877-83

San Bernardino  
91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91784, 91786, 92313, 92316-18, 92321-22, 92324-25, 92331, 92334-37, 92344-46, 92350, 92352, 92354, 92357-59, 92369, 92373-78, 92382, 92385, 92391, 92399, 92401-08, 92410, 92411, 92413, 92415, 92418, 92423, 92427

San Diego  
91901-03, 91908-17, 91921, 91931-33, 91935, 91941-46, 91948, 91950-51, 91976-79, 92003, 92007-11, 92013-14, 92108-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-72, 92074-75, 92078-79, 92081-85, 92088, 92091-93, 92101-32, 92134-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-61, 92163, 92165-79, 92182, 92186-87, 92191-92193, 92195-99

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## *Contact us*

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

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