



Health Net®

## IMPORTANT INFORMATION REGARDING: Changes to subscriber name and ID numbers for some Covered California™ members

### Provider FAQs

#### What changed?

For some members currently enrolled in Health Net\* plans offered through Covered California, the primary subscriber listed on the member's plan is changing to another member of the household for their renewing 2020 health plan. For example, current member John Doe, who was enrolled as a dependent under the member identification (ID) U/R12345678, will now appear as the subscriber with a new member ID of U/R87654321 along with the other members in the household.

Members impacted by this change will have a new member ID number and a new member ID card starting January 1, 2020.

#### What is Health Net doing to address these changes?

- Health Net is taking measures to minimize the impact for members. This includes taking steps to connect member information with what is available in historical data records.
- Impacted participating physician groups (PPGs) will receive a list of their assigned affected members. This list will assist PPGs in updating their systems for their assigned members and for any delegated functions.
- Health Net is sending letters to affected members on December 20, 2019, to provide their new member ID number and inform them about the changes. A copy of the letter is attached.
- Covered California is also sending letters to affected members directing them to their health plan for questions and concerns.

#### How are members and providers affected?

##### • ID cards

Each member in the household covered under the plan will receive a new member ID card with their new Health Net member ID number, effective January 1, 2020, and after.

##### • 2019 dates of service

For office visits and other services in 2019, members need to use their 2019 ID number.

##### • 2020 dates of service

Members will need to use their new 2020 member ID number when seeking health care services and filling prescriptions in 2020. If a member needs to see a doctor right away, the member does not have to wait for an ID card in the mail. Instead, the member can give their provider the ID number included in the letter mailed to them on December 20, 2019.

##### • Prior authorizations

Health Net is working to ensure open authorizations carry over into the new ID number for 2020 dates of service. Impacted PPGs will need to use the list of affected members provided by Health Net to ensure similar continuity in their systems and that there will be no disruption in care.

##### • Primary care physician (PCP) assignment

A subset of members may have been assigned to a new PCP and sent ID cards with this information. In such cases, Health Net will change the PCP back to the PCP the member had in 2019 and send a new ID card. These members will be contacted by telephone in addition to the mailing to let them know of the ID card correction. All members not part of this subset were already reassigned back to their 2019 PCP prior to the new ID card mailing.

\*Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

- **Claims**

Make sure to submit any new 2020 claims using the member's new 2020 ID number. The 2019 ID number will not be recognized as eligible for new services.

- **Provider portal**

Look up members in the provider portal under their 2020 member ID for eligibility. For any historical information prior to 2020, look up members using their 2019 member ID. Historical information will not be linked to the new member ID.

**Why did this occur?**

Covered California made an update during the 2020 renewal process that changed the primary subscriber listed on the member's health plan to match the primary tax filer for the household. All carriers' Covered California members were impacted by this change if their primary subscriber and primary tax filer information did not match.

For Health Net, this means that impacted Covered California Individual & Family Plan (IFP) members had their 2019 main subscriber changed to another household member for their renewing 2020 health plan. This change required new member ID numbers to be assigned to these members' 2020 policies.

**Get more help**

If you have questions, contact your Health Net Provider Relations representative or contact the applicable Health Net Provider Services Center at:

Line of business	Telephone number	Provider portal	Email address
EnhancedCare PPO (IFP)	<b>1-844-463-8188</b>	provider.healthnetcalifornia.com	provider_services@healthnet.com
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	<b>1-888-926-2164</b>		

If your Health Net patients affected by these changes have questions, please direct them to contact the Customer Contact Center at **1-888-926-4988 (TTY: 711)**.



CA-903-03-04  
Health Net of California, Inc.  
Health Net Life Insurance Company  
PO Box 2348  
Rancho Cordova, CA 95741-2348

December 20, 2019

«First Name» «Last Name»  
«C/O Line»  
«Addr1» «Addr2»  
«City», «State» «Zip»-«Zip4»

**New Subscriber Name:**  
«First Name» «Last Name»

**New 2020 Member ID #:**  
«Ref ID»

## **Primary Subscriber Change and New Member ID Numbers Issued for Your 2020 Health Net Plan**

*A Message from Health Net of California, Inc. and  
Health Net Life Insurance Company (Health Net)*

Dear «Full\_Name»,

We are writing to provide you with information about a change that occurred to your Health Net plan through Covered California™. You will also receive a similar letter from Covered California.

An update was made during the 2020 renewal process that changed the primary subscriber listed on your health plan to match the person you listed as the primary tax filer on your Covered California application. All Covered California members were impacted by this change if their primary subscriber and primary tax filer information did not match.

In addition to the subscriber name changing, Health Net plan members will also have a new member ID number starting January 1, 2020. This means your 2019 ID number will no longer be valid in the new year.

**Please read the information below for details on how this change affects you.** If you have questions, please call our Customer Contact Center at 1-888-926-4988 (TTY: 711).

### **1) New member ID cards**

- Each member in your household covered under your plan will receive a new member ID card with their new 2020 Health Net member ID number.
- If you have not received a new member ID card by January, you can request another card on the member portal at [www.myhealthnetca.com](http://www.myhealthnetca.com) or call our Customer Contact Center at 1-888-926-4988 (TTY: 711).

*(continued)*

## 2) Member portal on [www.myhealthnetca.com](http://www.myhealthnetca.com)

- You will need to create a new portal account for 2020. If you have an existing account, you will need to register for the 2020 account using a different email address (your email address is your user name).
- Your 2019 plan information will not carry over to the 2020 account. To view 2019 information, log in using your current email/user name and password.

## 3) Getting care and your prescriptions filled

- Make sure to give your new 2020 member ID number to your doctor, hospital, pharmacy, or other provider **prior** to receiving services. This will let them know you are covered through Health Net under a new member ID number. If you need to see a doctor right away, you do not need to wait for a member ID card. Use the member ID number listed at the top of this letter.

For office visits and other services in 2019, use your 2019 member ID number. Your new member ID number does not take effect until January 1, 2020.

- Use your new 2020 member ID number when filling prescriptions in 2020.

For prescriptions filled in 2019, use your 2019 member ID number. Your new member ID number does not take effect until January 1, 2020.

You must provide your new member ID number to your pharmacy prior to filling any refills or new prescriptions in 2020. If you do not provide your number to the pharmacy, they will not be able to identify you as eligible for prescription coverage.

- If you use Teladoc services, you will need to update your Teladoc account with your new ID number. Go to [www.teladoc.com/hn](http://www.teladoc.com/hn) and log in.
- If you use Heal services, you will need to update your Heal account with your new ID number.

## 4) Making your 2020 January premium payments

- You may have received an invoice under your new member ID number. Please use this invoice to make your January payment.
- If you were on automatic bill payment in 2019, **you will need to set up automatic bill payment for 2020 again using your new member ID. January payments will not draft from your 2019 set up.** You must first register for your 2020 member portal account as described in #2 above and then set up automatic bill payment through your new account. Make your January payment by phone, online or by mail until your automatic bill pay has been successfully set up.
- To make your payment by other methods, use your 2020 member ID number:
  - Call 1-800-539-4193 and use our Interactive Voice Response (IVR) system to make a payment quickly, 24/7.
  - Pay online. Go to [www.myhealthnetca.com](http://www.myhealthnetca.com), then *Pay My Bill* for online options.
  - Pay by mail using your invoice.

(continued)

We are sorry for any confusion or inconvenience this change may have caused. If you have any questions, please contact your broker or give us a call at 1-888-926-4988 (TTY: 711).

Sincerely,  
Health Net

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net PureCare One EPO insurance plans, Policy Form #P34401, and Health Net EnhancedCare PPO insurance plans, Policy Form #P35001, are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. Covered California is a registered trademark of the State of California. All rights reserved.

LTR037405EW00 NONPD (12/19)

## Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do 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:

**Individual & Family Plan (IFP) Members On Exchange/Covered California** 1-888-926-4988 (TTY: 711)

**Individual & Family Plan (IFP) Members Off Exchange** 1 800 839 2172 (TTY: 711)

**Individual & Family Plan (IFP) Applicants** 1-877-609-8711 (TTY: 711)

**Group Plans through Health Net** 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./Health Net Life Insurance Company 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)

For HM0, HSP, EOA, and POS plans offered through Health Net of California, Inc.: 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).

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

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 the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711). For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).

## Arabic

خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة اللازمة، يرجى التواصل مع مركز خدمة العملاء عبر الرقم المبين على بطاقتك أو الاتصال بالرقم الفرعي لخطة الأفراد والعائلة: 1-800-839-2172 (TTY: 711). للتواصل في كاليفورنيا، يرجى الاتصال بالرقم الفرعي لخطة الأفراد والعائلة عبر الرقم: 1-888-926-4988 (TTY: 711) أو المشروعات الصغيرة 1-888-926-5133 (TTY: 711). لخطط المجموعة عبر Health Net، يرجى الاتصال بالرقم 1-800-522-0088 (TTY: 711).

## Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Օգնության համար զանգահարեք Հաճախորդների սպասարկման կենտրոն ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք Individual & Family Plan (IFP) Off Exchange՝ 1-800-839-2172 հեռախոսահամարով (TTY՝ 711): Կալիֆոռնիայի համար զանգահարեք IFP On Exchange՝ 1-888-926-4988 հեռախոսահամարով (TTY՝ 711) կամ Փոքր բիզնեսի համար՝ 1-888-926-5133 հեռախոսահամարով (TTY՝ 711): Health Net-ի Խմբային ծրագրերի համար զանգահարեք 1-800-522-0088 հեռախոսահամարով (TTY՝ 711):

## Chinese

免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助，請撥打您會員卡上的電話號碼與客戶聯絡中心聯絡或者撥打健康保險交易市場外的 Individual & Family Plan (IFP) 專線：1-800-839-2172（聽障專線：711）。如為加州保險交易市場，請撥打健康保險交易市場的 IFP 專線 1-888-926-4988（聽障專線：711），小型企業則請撥打 1-888-926-5133（聽障專線：711）。如為透過 Health Net 取得的團保計畫，請撥打 1-800-522-0088（聽障專線：711）。

## Hindi

बिना शुल्क भाषा सेवाएं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, अपने आईडी कार्ड में दिए गए नंबर पर ग्राहक सेवा केंद्र को कॉल करें या व्यक्तिगत और फैमिली प्लान (आईएफपी) ऑफ एक्सचेंज: 1-800-839-2172 (TTY: 711) पर कॉल करें। कैलिफोर्निया बाजारों के लिए, आईएफपी ऑन एक्सचेंज 1-888-926-4988 (TTY: 711) या स्मॉल बिजनेस 1-888-926-5133 (TTY: 711) पर कॉल करें। हेल्थ नेट के माध्यम से ग्रुप प्लान के लिए 1-800-522-0088 (TTY: 711) पर कॉल करें।

## Hmong

Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntauv rau koj ua koj hom lus hais. Txhawm rau pab, hu xovtooj rau Neeg Qhua Lub Chaw Tiv Toj ntawm tus npawb nyob ntawm koj daim npav ID lossis hu rau Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) Ntawm Kev Sib Hloov Pauv: 1-800-839-2172 (TTY: 711). Rau California qhov chaw kiab khw, hu rau IFP Ntawm Qhov Sib Hloov Pauv 1-888-926-4988 (TTY: 711) lossis Lag Luam Me 1-888-926-5133 (TTY: 711). Rau Cov Pab Pawg Chaw Npaj Kho Mob hla Health Net, hu rau 1-800-522-0088 (TTY: 711).

## Japanese

無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプが必要な場合は、IDカードに記載されている番号で顧客連絡センターまでお問い合わせいただくか、Individual & Family Plan (IFP) (個人・家族向けプラン) Off Exchange: 1-800-839-2172 (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については、IFP On Exchange 1-888-926-4988 (TTY: 711) または Small Business 1-888-926-5133 (TTY: 711) までお電話ください。Health Netによるグループプランについては、1-800-522-0088 (TTY: 711) までお電話ください。

## Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យលោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ សូមហៅទូរស័ព្ទទៅកាន់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជនតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ឬហៅទូរស័ព្ទទៅកាន់កម្មវិធី Off Exchange របស់គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) តាមរយៈលេខ៖ 1-800-839-2172 (TTY: 711)។ សម្រាប់ទីផ្សាររដ្ឋ California សូមហៅទូរស័ព្ទទៅកាន់កម្មវិធី On Exchange របស់គម្រោង IFP តាមរយៈលេខ 1-888-926-4988 (TTY: 711) ឬក្រុមហ៊ុនអាជីវកម្មខ្នាតតូចតាមរយៈលេខ 1-888-926-5133 (TTY: 711)។ សម្រាប់គម្រោងជាក្រុមតាមរយៈ Health Net សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-522-0088 (TTY: 711)។

## Korean

무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며 일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로 고객센터 센터에 연락하시거나 개인 및 가족 플랜(IFP)의 경우 Off Exchange: 1-800-839-2172(TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스의 경우 IFP On Exchange 1-888-926-4988(TTY: 711), 소규모 비즈니스의 경우 1-888-926-5133(TTY: 711)번으로 전화해 주십시오. Health Net을 통한 그룹 플랜의 경우 1-800-522-0088(TTY: 711)번으로 전화해 주십시오.

## Navajo

Doo bą́ą́h ílínígóó saad bee háká ada'íiyeed. Ata' halne'ígíí da ła' ná hádídóot'íjł. Naaltsoos da t'áá shí shizaad k'éhjí shichí' yídooltah nínízingo t'áá ná ákódoolníł. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyé'híjł' hodíłnih ninaaltsoos nanitingo bee néého'dolzinígíí hodoonihjł' bikáá' éí doodago kojł' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). California marketplace báhígíí kojł' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kojł' hólne' 1-888-926-5133 (TTY: 711). Group Plans through Health Net báhígíí éí kojł' hólne' 1-800-522-0088 (TTY: 711).

## Persian (Farsi)

خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما پرايتان خوانده شوند. برای دریافت کمک، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (IFP) Off Exchange) 1-800-839-2172 (TTY:711) تماس بگیرید. برای بازار کالیفرنیا، با IFP On Exchange شماره 1-888-926-4988 (TTY:711) یا کسب و کار کوچک 1-888-926-5133 (TTY:711) تماس بگیرید. برای طرح های گروهی از طریق Health Net، 1-800-522-0088 (TTY:711) تماس بگیرید.



## **Panjabi (Punjabi)**

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਐਂਡ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਐਂਡ ਐਕਸਚੇਂਜ ਨੂੰ 1-888-926-4988 (TTY: 711) ਜਾਂ ਸਮੇਲ ਬਿਜਨੇਸ ਨੂੰ 1-888-926-5133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਹੈਲਥ ਨੈੱਟ ਰਾਹੀਂ ਸਾਮੂਹਿਕ ਪਲੈਨਾਂ ਲਈ, 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## **Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать документы на Вашем родном языке. Если Вам нужна помощь, звоните по телефону Центра помощи клиентам, указанному на вашей карте участника плана. Вы также можете позвонить в отдел помощи участникам не представленных на федеральном рынке планов для частных лиц и семей (IFP) Off Exchange 1-800-839-2172 (TTY: 711). Участники планов от California marketplace: звоните в отдел помощи участникам представленных на федеральном рынке планов IFP (On Exchange) по телефону 1-888-926-4988 (TTY: 711) или в отдел планов для малого бизнеса (Small Business) по телефону 1-888-926-5133 (TTY: 711). Участники коллективных планов, предоставляемых через Health Net: звоните по телефону 1-800-522-0088 (TTY: 711).

## **Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

## **Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numerong nasa ID card ninyo o tumawag sa Off Exchange ng Planong Pang-indibidwal at Pampamilya (Individual & Family Plan, IFP): 1-800-839-2172 (TTY: 711). Para sa California marketplace, tumawag sa IFP On Exchange 1-888-926-4988 (TTY: 711) o Maliliit na Negosyo 1-888-926-5133 (TTY: 711). Para sa mga Planong Pang-grupo sa pamamagitan ng Health Net, tumawag sa 1-800-522-0088 (TTY: 711).

## **Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรมด TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรมด TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรมด TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรมด 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 bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi Trung Tâm Liên Lạc Khách Hàng theo số điện thoại ghi trên thẻ ID của quý vị hoặc gọi Chương Trình Bảo Hiểm Cá Nhân & Gia Đình (IFP) Phi Tập Trung: 1-800-839-2172 (TTY: 711). Đối với thị trường California, vui lòng gọi IFP Tập Trung 1-888-926-4988 (TTY: 711) hoặc Doanh Nghiệp Nhỏ 1-888-926-5133 (TTY: 711). Đối với các Chương Trình Bảo Hiểm Nhóm qua Health Net, vui lòng gọi 1-800-522-0088 (TTY: 711).

CA Commercial On and Off-Exchange Member Notice of Language Assistance

FLY017549EH00 (12/17)