



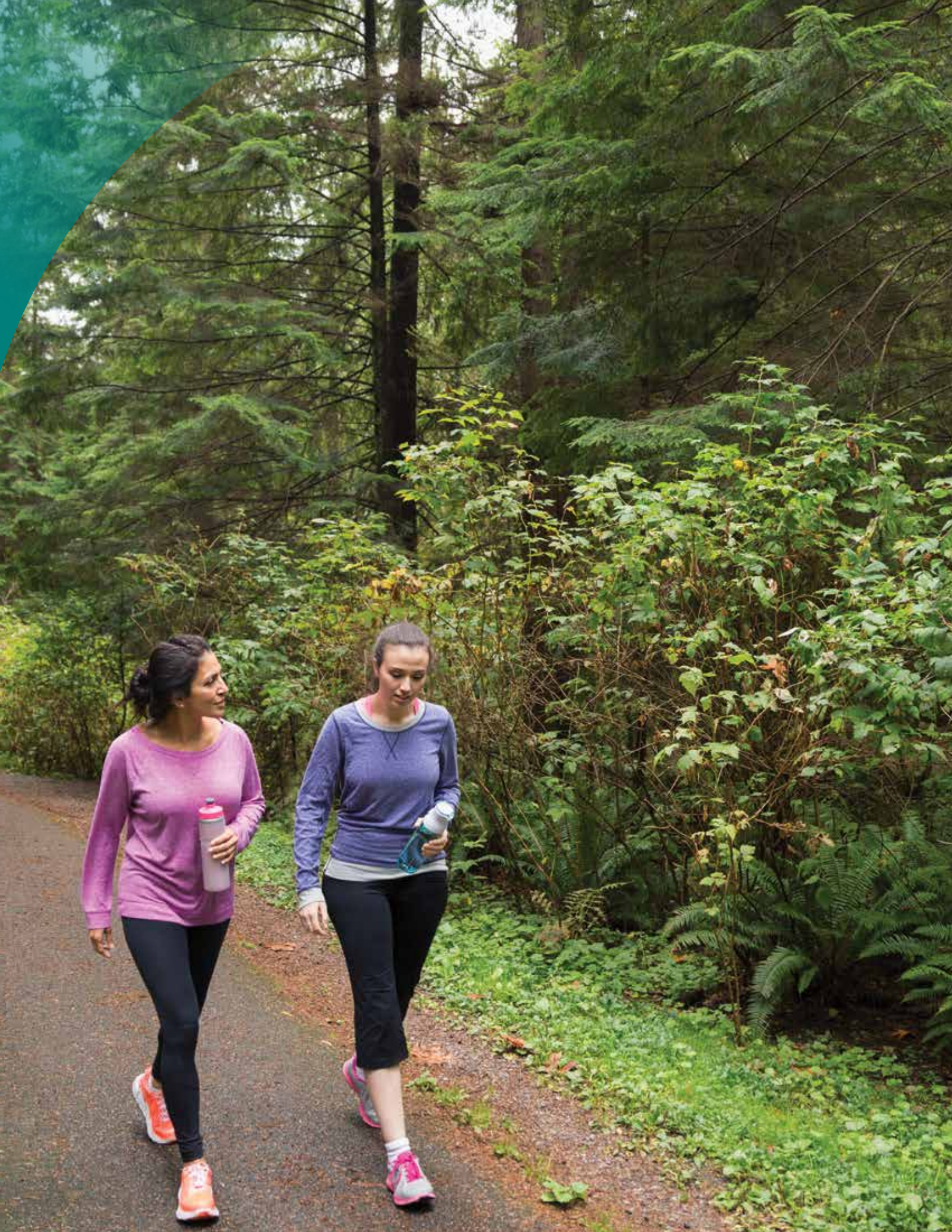
# For the Way You Do Better Health

REVIEW YOUR MEMBER BENEFITS TOOLKIT FOR 2021  
*Southern California*



FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHB)

*Coverage for  
every stage of life™*



# See What We're Offering for 2021

*You want as much info as possible when choosing your coverage for open enrollment. You'll find this toolkit a helpful guide, whether you're new to Health Net of California, Inc. (Health Net) or choosing us again this year.*

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## Coverage highlights for 2021

Here's a taste of what you get when you choose either Health Net's **ExcelCare Network HMO (High Option)** or **Salud HMO y Más Network (Basic Option)**.

**Note:** As of January 1, 2021, Health Net will no longer offer the Standard Plan Option for federal employees.



**New! Telehealth services through Babylon.**

Acupuncture and chiropractic coverage through American Specialty Health Plans, Inc. (ASH).



**Affordable, fixed copays for many services.**

A tailored network of quality providers.



**Emergency services covered worldwide.**

Convenient MinuteClinic for walk-in medical services in select areas (Basic Option).



**The Active&Fit Direct Program, with fitness center memberships to 10,000+ fitness centers across the nation.**



### 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**.

## A summary of our 2021 HMO plan offerings

Read the Federal Brochure, before choosing your options, please read the Health Net Federal Brochure. You can 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.

### 2021 benefits<sup>1</sup>

Benefit	High Option (ExcelCare Network HMO)	Basic Option (Salud HMO y Más Network HMO)	
		California Network	SIMNSA Network (Mexico)
<b>Medical out-of-pocket maximum</b>	\$1,500/Self, \$3,000/Self+1, \$4,500/Self+Family	\$4,500/Self, \$9,000/Self+1, \$9,000/ Self+Family	\$1,500 /Self, \$3,000/ Self+1. \$4,500/ Self+Family
<b>Preventive care for adults and children</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Primary care office visits</b>	\$20 copay	\$40 copay	\$5 copay
<b>Specialist office visits</b>	\$30 copay	\$40 copay	\$5 copay
<b>Therapy – physical, cardiac, occupational, and speech</b>	Covered at 100%	\$40 copay	\$5 copay
<b>Durable medical equipment</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Inpatient hospitalization</b>	\$150 copay/day (\$750 max per admit)	\$500 copay/day (\$1,500 max per admit)	Covered at 100%
<b>Outpatient hospitalization</b>	\$200 copay	\$500 copay	Covered at 100%
<b>Hearing aids</b>	Covered at 100% / \$1,500 maximum	Covered at 100% / \$1,500 maximum	Not covered
<b>Retail prescription drugs</b> Generic / brand / non-formulary /specialty	\$10 / \$35 / \$60 / 20% (\$200 max)	\$15 / \$35 / \$65 / 20% (\$200 max)	\$5 copay
<b>Mail order prescription drugs</b> Generic / brand / non-formulary	\$20 / \$70 / \$120	\$30 / \$70 / \$130 / 20% (\$200 max)	Not covered
<b>Pharmacy out-of-pocket maximum</b>	\$2900/Self, \$5800/Self+1, \$8700/Self+Family	2,000/Self, \$4,000/Self+1, \$4,000/ Self+Family	N/A
<b>Acupuncture and chiropractic</b>	\$10 copay; 20 visit max combined through ASH	\$10 copay; 20 visit max combined through ASH	\$5 copay

The Medical out-of-pocket maximum (OOPM) is separate from the Pharmacy OOPM. When you feel you have fulfilled the OOPM, please contact Customer Service at 1-800-522-0088. Once you've met your OOPM, we will notify the providers that no further medical copays or coinsurance are needed for the rest of the year.

The rates on page 3 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.

**With these plans, you do not have a deductible. This means you pay whatever copay amount your plan shows for a covered benefit. There is no fixed amount you have to fulfill before using your benefits.**

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

**2021 rate information for Southern California**

	High Option			Basic Option		
	Self only	Self plus one	Self and family	Self only	Self plus one	Self and family
<b>Non-postal biweekly premium</b> Your share	\$225.95	\$511.11	\$559.83	\$42.00	\$92.41	\$100.81
<b>Non-postal monthly premium</b> Your share	\$489.56	\$1,107.41	\$1,212.96	\$91.01	\$200.23	\$218.43
<b>Postal biweekly premium (Category 1)</b> Your share	\$222.59	\$503.92	\$552.02	\$40.32	\$88.72	\$96.78
<b>Postal biweekly premium (Category 2)</b> Your share	\$212.53	\$482.36	\$528.60	\$34.86	\$76.70	\$83.68

**Try MinuteClinic and take back your day!**

MinuteClinic is a walk-in health care service, staffed by nurse practitioners and physician assistants. You can often find MinuteClinics inside CVS/pharmacy stores. MinuteClinic is an ideal solution when you can't see your doctor and need nonemergency treatment.



# Do More with Our Online Tools

*Find the information you need right away by using our dedicated website, [www.healthnet.com/fehb](http://www.healthnet.com/fehb). You'll find searching for key information quick and simple, so you can manage your health and your health plan with ease.*



## Register for our dedicated 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 member identification (ID) card handy.

You get more than just access to health care when you join Health Net. You get **a dedicated website** for your Health Net health plan – just for federal employees! After you register, you'll have 24/7 access to the user-friendly tools and health info you need most. You can:

- Get ID cards and forms, manage your account details and view medical treatment policies.
- Change your primary care physician (PCP).
- 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) and learn about your overall health.
- Register for our monthly wellness webinar, with a new health topic at each session.



## Find a Doctor – Health Net’s ProviderSearch

When you connect to ProviderSearch, you’ll find the most up-to-date listings of doctors, hospitals, urgent care centers, and other types of health care providers. Choose from a list of providers within 30 miles of your home or work address.

### 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.



### In Southern California, the provider network selections are:

Location	Coverage level	Enrollment plan codes	Network name (Select during ProviderSearch)
Southern California	High Option	LP1, LP2 and LP3	HMO – ExcelCare Large Group with walk-in clinics (FEHB Southern CA High Option)
Southern California	Basic Option	P61, P62 and P63	HMO – Salud HMO y Más Large Group (FEHB Southern CA Basic Option)

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

## Stay On the Go with the Health Net Mobile app

Stay connected to your health plan info – whenever and wherever you go. Here are just a few of the things you can do with Health Net Mobile:

- Find doctors and care services nearby with ProviderSearch.
- Use the My ID Card feature to view your card – and your plan dependents’ ID cards, too.
- View copayment information.

You can download or update your free Health Net Mobile app on the App Store or Google Play. Just search for “Health Net Mobile.” It’s easy to use – and free!



To access our Decision Power programs, log in to [www.healthnet.com/fehb](http://www.healthnet.com/fehb) and then click *Wellness Center*.

# What Will You Do with Your Health Plan?



## Decision Power<sup>®</sup>: Health & Wellness

When you take your health to the next level, you want tools made for you. Whether you dive right in to take part or are just dipping your toe in the water, check out Decision Power Health & Wellness. Take action for a lifetime of health.



## Smoking and tobacco cessation

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

### QUIT FOR LIFE<sup>®</sup>

Quit coaches are available with one-on-one telephonic support to help you quit smoking, using tobacco or using Electronic Nicotine Delivery Systems (ENDS), such as e-cigarettes and e-pipes. Call the number on your member ID card.

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

### ONLINE ACCESS

The Health Promotion program for tobacco cessation is a six-week online program that provides direction and help as you go through the quitting process. The program uses tracking, information and goal setting to help you quit, and quit for good.



## Health Risk Questionnaire (HRQ)

The HRQ provides you with a custom report of your behavioral and medical health risks. Right after taking the online HRQ, you get a custom action plan.

<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.





### **Nurse Advice Line**

You can reach out to a nurse – 24 hours a day. You’ll get instant support via telephone or by using the online chat system to ask questions in real time. You’ll also get answers to questions about symptoms, minor illnesses or injuries, chronic conditions, medical tests and medications.

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### **Health Promotion programs**

These behavior change programs offer you the info and tools to improve your health and reduce your disease risk. You get weekly tasks and goal-setting tips designed for your unique needs and interests. Each program is focused on one health topic and includes a to-do list of action items to help you reach your goals.

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### **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.



# Programs Just for Federal Employees

*As a federal employee with Health Net, you get access to the top wellness vendors in the country. To take advantage of these programs, sign up at **[www.healthnet.com/fehb](http://www.healthnet.com/fehb)**.*

After you are logged in to our website, you'll have access to these programs:

## **Start Smart for Your Baby® program**

A program for pregnant and new moms, providing custom support and care for a healthy pregnancy and baby. Start Smart for Your Baby is part of your benefits and is yours at no added cost. To get started, call us and we can walk you through the process. You can reach us by calling the number on your Health Net member identification (ID) card.

## **Discover myStrength**

If you struggle with mental health issues and simply need a lift, myStrength can help. You get private access to self-help tools, tips and daily inspiration. myStrength can help you become and stay healthy – in body and mind.

## **Omada – proactive diabetes prevention**

With Omada, you'll gain access to all you need to lose weight and reduce your risk for type 2 diabetes and heart disease. That means you can eat better, move more, stress less and reduce your risks – one small step at a time. Get started with a one-minute test at **[omadahealth.com/fehb](http://omadahealth.com/fehb)**.

# What is a Service Area?

To enroll in any of our plans, you must live in or work in our service area. A service area is where our providers practice. Each plan option's service area varies.

If you plan to enroll in the **High Plan Option (ExcelCare HMO Network)**, you must reside or work within the following counties: Los Angeles, Orange, San Diego and Ventura. These plans are also offered in partial counties such as Kern, Riverside and San Bernardino.

If you plan to enroll in the **Basic Plan Option (Salud HMO y Más Network)**, you must reside or work within Orange County. This plan is also offered in partial counties such as Kern, Los Angeles, Riverside, San Bernardino and San Diego.

Please check if your resident or work ZIP code is included in your desired option below. The following partial county ZIP codes are in our service area.

## California service area counties

### Southern California – High Option plan (ExcelCare HMO Network)

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

**Partial counties** (The following ZIP codes are those included in these counties):

**Kern**

93203, 93205, 93206, 93215, 93216, 93220, 93222, 93224, 93225, 93226, 93238, 93240, 93241, 93243, 93249, 93250, 93251, 93252, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314, 93380, 93383, 93384, 93385, 93386, 93387, 93388, 93389, 93390, 93501, 93502, 93504, 93505, 93516, 93518, 93519, 93523, 93524, 93531, 93560, 93561, 93581, 93596

**Riverside**

91752, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92240, 92241, 92247, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92549, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883

**San Bernardino**

91759, 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91761, 91762, 91763, 91764, 91784, 91785, 91786, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92301, 92305, 92307, 92308, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92327, 92329, 92331, 92333, 92334, 92335, 92336, 92337, 92339, 92340, 92341, 92342, 92344, 92345, 92346, 92347, 92350, 92352, 92354, 92356, 92357, 92358, 92359, 92365, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92398, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92413, 92415, 92418, 92423, 92427

(continued)

## Southern California – Basic Option plan (Salud HMO y Más Network)

**Full county:** Orange

**Partial counties** (The following ZIP codes are those included in these partial counties):

**Kern**

93263, 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314

**Los Angeles**

90001, 90002, 90003, 90004, 90005, 90006, 90007, 90008, 90009, 90010, 90011, 90012, 90013, 90014, 90015, 90016, 90017, 90018, 90019, 90020, 90021, 90022, 90023, 90024, 90025, 90026, 90027, 90028, 90029, 90030, 90031, 90032, 90033, 90034, 90035, 90036, 90037, 90038, 90039, 90040, 90041, 90042, 90043, 90044, 90045, 90046, 90047, 90048, 90049, 90050, 90051, 90052, 90053, 90054, 90055, 90056, 90057, 90058, 90059, 90060, 90061, 90062, 90063, 90064, 90065, 90066, 90067, 90068, 90069, 90070, 90071, 90072, 90073, 90074, 90075, 90076, 90077, 90078, 90079, 90080, 90081, 90082, 90083, 90084, 90086, 90087, 90088, 90089, 90091, 90093, 90094, 90095, 90096, 90099, 90201, 90202, 90209, 90210, 90211, 90212, 90213, 90220, 90221, 90222, 90223, 90224, 90230, 90231, 90232, 90233, 90239, 90240, 90241, 90242, 90245, 90247, 90248, 90249, 90250, 90251, 90254, 90255, 90260, 90261, 90262, 90263, 90264, 90265, 90266, 90267, 90270, 90272, 90274, 90275, 90277, 90278, 90280, 90290, 90291, 90292, 90293, 90294, 90295, 90296, 90301, 90302, 90303, 90304, 90305, 90306, 90307, 90308, 90309, 90310, 90311, 90312, 90401, 90402, 90403, 90404, 90405, 90406, 90407, 90408, 90409, 90410, 90411, 90501, 90502, 90503, 90504, 90505, 90506, 90507, 90508, 90509, 90510, 90601, 90602, 90603, 90604, 90605, 90606, 90607, 90608, 90609, 90610, 90637, 90638, 90639, 90640, 90650, 90651, 90652, 90660, 90661, 90662, 90670, 90671, 90701, 90702, 90703, 90704, 90706, 90707, 90710, 90711, 90712, 90713, 90714, 90715, 90716, 90717, 90723, 90731, 90732, 90733, 90734, 90744, 90745, 90746, 90747, 90748, 90749, 90755, 90801, 90802, 90803, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90813, 90814, 90815, 90822, 90831, 90832, 90833, 90834, 90835, 90840, 90842, 90844, 90846, 90847, 90848, 90853, 90895, 90899, 91001, 91003, 91006, 91007, 91008, 91009, 91010, 91011, 91012, 91016, 91017, 91020, 91021, 91023, 91024, 91025, 91030, 91031, 91040, 91041, 91042, 91043, 91046, 91066, 91077, 91101, 91102, 91103, 91104, 91105, 91106, 91107, 91108, 91109, 91110, 91114, 91115, 91116, 91117, 91118, 91121, 91123, 91124, 91125, 91126, 91129, 91182, 91184, 91185, 91188, 91189, 91199, 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208, 91209, 91210, 91214, 91221, 91222, 91224, 91225, 91226, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91311, 91313, 91316, 91324, 91325, 91326, 91327, 91328, 91329, 91330, 91331, 91333, 91334, 91335, 91337, 91340, 91341, 91342, 91343, 91344, 91345, 91346, 91352, 91353, 91356, 91357, 91364, 91365, 91367, 91371, 91372, 91376, 91392, 91393, 91394, 91395, 91396, 91401, 91402, 91403, 91404, 91405, 91406, 91407, 91408, 91409, 91410, 91411, 91412, 91413, 91416, 91423, 91426, 91436, 91470, 91482, 91495, 91496, 91499, 91501, 91502, 91503, 91504, 91505, 91506, 91507, 91508, 91510, 91521, 91522, 91523, 91526, 91601, 91602, 91603, 91604, 91605, 91606, 91607, 91608, 91609, 91610, 91611, 91612, 91614, 91615, 91616, 91617, 91618, 91702, 91706, 91711, 91714, 91715, 91716, 91722, 91723, 91724, 91731, 91732, 91733, 91734, 91735, 91740, 91741, 91744, 91745, 91746, 91747, 91748, 91749, 91750, 91754, 91755, 91756, 91765, 91766, 91767, 91768, 91769, 91770, 91771, 91772, 91773, 91775, 91776, 91778, 91780, 91788, 91789, 91790, 91791, 91792, 91793, 91801, 91802, 91803, 91804, 91896, 91899

**Riverside**

91752, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92516, 92517, 92518, 92519, 92521, 92522, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92570, 92571, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883

**San Bernardino**

91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91784, 91786, 92313, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92331, 92334, 92335, 92336, 92337, 92344, 92345, 92346, 92350, 92352, 92354, 92357, 92358, 92359, 92369, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92391, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92413, 92415, 92418, 92423, 92427

**San Diego**

91901, 91902, 91903, 91908, 91909, 91910, 91911, 91912, 91913, 91914, 91915, 91916, 91917, 91921, 91931, 91932, 91933, 91935, 91941, 91942, 91943, 91944, 91945, 91946, 91948, 91950, 91951, 91976, 91977, 91978, 91979, 92003, 92007, 92008, 92009, 92010, 92011, 92013, 92014, 92018, 92019, 92020, 92021, 92022, 92023, 92024, 92025, 92026, 92027, 92028, 92029, 92030, 92033, 92037, 92038, 92039, 92040, 92046, 92049, 92051, 92052, 92054, 92055, 92056, 92057, 92058, 92059, 92060, 92061, 92064, 92065, 92067, 92068, 92069, 92070, 92071, 92072, 92074, 92075, 92078, 92079, 92081, 92082, 92083, 92084, 92085, 92088, 92091, 92092, 92093, 92101, 92102, 92103, 92104, 92105, 92106, 92107, 92108, 92109, 92110, 92111, 92112, 92113, 92114, 92115, 92116, 92117, 92118, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92127, 92128, 92129, 92130, 92131, 92132, 92134, 92135, 92136, 92137, 92138, 92139, 92140, 92142, 92143, 92145, 92147, 92149, 92150, 92152, 92153, 92154, 92155, 92158, 92159, 92160, 92161, 92163, 92165, 92166, 92167, 92168, 92169, 92170, 92171, 92172, 92173, 92174, 92175, 92176, 92177, 92178, 92179, 92182, 92186, 92187, 92191, 92192, 92193, 92195, 92196, 92197, 92198, 92199

You can also visit the **U.S. Office of Personnel Management (OPM)** website at [www.opm.gov/healthcare-insurance](http://www.opm.gov/healthcare-insurance) to find out which networks Health Net offers in your area.

## Nondiscrimination Notice

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 दुभाषयिा प्राप्त कर सकते हैं। आपको दस्तावेज पढ 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)।

## 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 សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 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 전화하시거나 1-800-522-0088 (TTY: 711).

## Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah. Shíká a'doowot nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béésh bee hane'í bikáá' áají' hodílnih 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 ਦੁਬਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਆ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочесть 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 โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ 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. 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).

# We're Here for You

You can contact us with questions throughout the year.

- Just call 1-**800-522-0088**, or
- Visit us online at **[www.healthnet.com/fehb](http://www.healthnet.com/fehb)**.



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You have access to Decision Power through current enrollment with Health Net of California, Inc. (Health Net). Decision Power is not part of Health Net's commercial medical benefit plans. It is not affiliated with Health Net's provider network, and it may be revised or withdrawn without notice. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees.

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