

Health Net of California, Inc. (Health Net)

Federal Employees Health Benefits (FEHB) Program



# Enjoy Coverage for the Way You Live

2025 MEMBER BENEFITS TOOLKIT

Southern California



[HealthNet.com/fehb](https://HealthNet.com/fehb)



## See What We're Offering for 2025!

*You want as much info as possible when choosing your coverage for Open Season. You'll find this toolkit a helpful guide, whether you're new to Health Net or choosing us again this year.*

# Coverage Highlights for 2025

Effective 1/1/2025 Health Net will be reducing its service area and changing its provider network to Salud HMO y Más in the High and Standard Option Plans.

Here's a sample of what you get when you choose Health Net's **High, Standard, and Basic Options** in the Salud HMO y Más network.



## **Community-centric health care coverage.**

Our plans are designed to meet the demand for quality health coverage and to serve the unique needs of Southern Californians.



Salud HMO y Más (High, Standard, and Basic Options) members have access to Scripps Clinics providers and hospitals in San Diego County.



Fixed copayments for most services.



Telehealth services through Teladoc Health for a **\$0 copayment**.



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



The Active&Fit™ Direct program lets you join more than 12,700+ standard fitness centers and studios with no long-term contracts.

## A summary of our 2025 HMO plan offerings

Please read the Heath Net FEHB Brochure before choosing your options. You can download the Health Net FEHB Brochure (RI 73-159) at [healthnet.com/fehb](http://healthnet.com/fehb), or request a copy by calling Health Net Member Services at 800-522-0088.

### 2025 benefits<sup>1</sup>

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.

Benefit	High Option	Standard Option	Basic Option	SIMNSA Network (Mexico)
<b>Medical out-of-pocket maximum</b>	\$1,500/Self, \$3,000/Self+1, \$4,500/Self+Family	\$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%	Covered at 100%
<b>Primary care office visits</b>	\$20 copay	\$30 copay	\$40 copay	\$5 copay
<b>Specialist office visits</b>	\$30 copay	\$50 copay	\$40 copay	\$5 copay
<b>Telemedicine by Teladoc Health</b>	\$0 copay	\$0 copay	\$0 copay	Not covered
<b>Therapy –physical, cardiac, occupational, and speech</b>	Covered at 100%	\$30 copay	\$40 copay	\$5 copay
<b>Durable medical equipment</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Inpatient hospitalization</b>	\$150 copay/day (\$750 max per admission)	\$750 max per admission	\$500 copay/day (\$1,500 max per admission)	Covered at 100%
<b>Outpatient surgical procedures</b>	\$200 copay	\$350 copay	\$500 copay	Covered at 100%
<b>Hearing aids</b>	Covered at 100% / \$1,500 benefit maximum every 36 months	Covered at 100% / \$1,500 benefit maximum every 36 months	Covered at 100% / \$1,500 benefit maximum every 36 months	Not covered
<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)	\$5 copay
<b>Mail order prescription drugs</b> Generic / brand / non-formulary	\$20 / \$70 / \$120	\$30 / \$70 / \$130	\$30 / \$70 / \$130	Not covered
<b>Pharmacy out-of-pocket maximum</b>	\$2,900/Self, \$5,800/Self+1, \$8,700/Self+Family	\$2,900/Self, \$5,800/Self + 1, \$8,700/Self+Family	\$2,000/Self, \$4,000/Self+1, \$4,000/Self+Family	N/A
<b>Acupuncture and chiropractic</b>	\$10 copay; 20 visits max combined through ASH	\$10 copay; 20 visits max combined through ASH	\$10 copay; 20 visits max combined through ASH	Not covered

The Medical out-of-pocket maximum (OOPM) is separate from the Pharmacy OOPM. 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.

**2025 rate information for Southern California**

	High Option			Standard Option			Basic Option		
	Self only	Self plus one	Self and family	Self only	Self plus one	Self and family	Self only	Self plus one	Self and family
<b>Biweekly premium</b>									
Your share	\$388.25	\$859.90	\$932.94	\$128.09	\$287.58	\$308.58	\$66.15	\$145.54	\$158.77
<b>Monthly premium</b>									
Your share	\$841.21	\$1,863.12	\$2,021.37	\$277.53	\$623.09	\$668.59	\$143.33	\$315.33	\$344.01

**Choose the Health Net HMO plan that works for you**

HMO plans are ideal if you prefer a primary doctor to coordinate all your medical care at predictable costs. You simply choose a primary care physician (PCP) from our provider networks. Your PCP will oversee all your health care-related services, including referrals and authorizations to specialists.

**Salud HMO y Más Network (High Option, Standard Option and Basic Option)**

Salud HMO y Más addresses the needs of Southern California. It gives you access to a quality group of doctors and hospitals where you live or work.

One more great reason to choose Health Net – Scripps Health in San Diego is part of the current group of providers within Salud HMO y Más, including access to 15 Scripps HealthExpress Clinics for same day care of minor ailments and injuries.

You also have flexible crossborder access to SIMNSA’s network providers in Mexico (Tijuana and Mexicali) through all Salud y Más medical groups.



# Do More with Our Online Tools

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



Register for our dedicated website

Once you're a Health Net Member, go to [healthnet.com/fehb](https://healthnet.com/fehb), click *Register* and fill out the registration form. Be sure to have your Health Net Member 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 Member ID cards and forms, manage your account details and view medical treatment policies.
- Change your primary care physician (PCP).
- Try a RealAge® Program to address and work to improve risk factors such as stress, sleep, nutrition and activity.
- Complete the RealAge® Test and learn more about your overall health.
- Register for our monthly wellness webinar, with a new health topic at each session.



## Find a provider

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 [healthnet.com/fehb](https://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 – Salud HMO y Más Large Group (FEHB Southern CA)
Southern California	Standard Option	P64, P65, P66	HMO – Salud HMO y Más Large Group (FEHB Southern CA)
Southern California	Basic Option	P61, P62 and P63	HMO – Salud HMO y Más Large Group (FEHB Southern CA)

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

## Behavioral health

Your behavioral health benefits provide access to treatment for mental health and substance use disorders. Behavioral health providers include therapists, psychologists and psychiatrists.

### What services are covered?

Your mental health and substance use disorder benefits may include:

- Sessions with a therapist, psychologist, or psychiatrist.
- Treatment follow-up and aftercare.
- Other inpatient and outpatient services that are medically necessary.

### How do I get help?

To find a behavioral health provider in your network, following the steps outlined in “Find a Provider” above. If you need help, simply call the Mental Health Benefits number on the back of your Health Net Member ID card. Customer service reps and licensed care managers are available 24/7 to take your call.

## Salud HMO y Más members

For Scripps Clinics in our Salud HMO y Más network of providers in San Diego County, contact Member Services at **800-522-0088** or visit our website at [healthnet.com/fehb](https://healthnet.com/fehb) before you select a participating physician group or primary care physician.

# What Will You Do With Your Health Plan?

Health Net is focused on giving you all the tools you need to live a healthier, more productive life. Our programs can help you make healthy lifestyle choices for you and your family. To access our Wellness programs, log in to **healthnet.com/fehb** and then click Wellness Center.



## RealAge® Program

The RealAge Program is our healthy behavior program targeting the 4 highest lifestyle risks – Stress, Sleep, Nutrition, and Activity. The program is personalized to the individual based on risk level for each lifestyle category gleaned through RealAge test responses and personal interest. It's fully integrated with other features of the Sharecare platform, such as trackers, to drive sustained engagement and promote behavior change that can help lead to a lower RealAge.



## RealAge® Test

The RealAge Test provides you with a personalized report of your behavioral and medical health risks. Immediately after taking the online RealAge Test, you will receive a personalized action plan. Take the RealAge Test now at **healthnet.sharecare.com**.



## Craving to Quit® tobacco cessation program

This program covers most types of tobacco, lets you talk with a quit coach for encouragement and support, and offers a personalized plan to quit. The innovative 21-day program teaches awareness of cravings and habits to help participants quit smoking, dipping or vaping.



## Health Coaching program

- **Health Coaching program (telephonic):** Enjoy one-on-one, individual wellness support via telephone with a health coach. Choose from a number of topics, including nutrition, stress management, exercise, tobacco cessation, weight loss and more.
- **Health Coaching program (digital):** Lessons consist of multiple programs related to stress, smoking cessation, exercise, weight, gaps in care and more! Working on your own, it will take 14-21 days to complete depending on which lesson you participate in.



## Nurse Advice Line

Our toll-free 24/7 Nurse Advice Line offers timely access to registered nurses for help with everyday health questions. You can get help with a number health issues. These include:

- How to care for minor injuries and illnesses.
- Helping you spot health emergencies.
- Help answer questions about medications.





### Teladoc Health Telehealth Services

Enjoy full access to Teladoc, our telehealth provider – just for being a Health Net member.<sup>2</sup>

#### ***Access to video appointments 24/7***

Teladoc Health (Teladoc) offers virtual health care that's convenient, with confidential access to quality U.S. licensed doctors. You can book appointments through the Teladoc app, website or call 800-TELADOC (835-2362). Medical appointments are available 24 hours a day, 7 days a week from wherever you are. Behavioral health professionals are available by appointment 7 days a week 7 a.m. to 9 p.m. (Pacific time). Teladoc is an option when you can't see your regular doctor. To sign up for Teladoc, call 800-TELADOC (835-2362), visit the website [teladoc.com](https://www.teladoc.com), or download the Teladoc app. Visits can be by phone or video.



### Start Smart for Your Baby® program

We have a program for pregnant and new parents. It is called Start Smart for Your Baby. The program is designed to customize the support and care you need for a healthy pregnancy and baby. It is already part of your benefits and it will not cost you a thing. Visit [healthnet.com/fehb](https://healthnet.com/fehb) > *Health & Wellness > Maternity and Family Planning*, to get started.



### Active&Fit Direct™ program

The Active&Fit Direct<sup>5</sup> program lets you join more than 12,700+ fitness centers and studios with no long-term contracts. Plus, access 12,000+ guided workout videos in the comfort of your home. Get the flexibility you need in a fitness routine. All for just \$28/month (plus a one time \$28 sign-up fee and taxes).

# 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 any of our plan options, you must reside or work in the following full or partial counties:

**Full:** Orange County. **Partial:** 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 – Basic Option plan (Salud HMO y Más Network Plan Codes P61, P62, P63)

**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, 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, 90840, 90842, 90844, 90846, 90847, 90848, 90853, 90895, 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, 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, 91499, 91501, 91502, 91503, 91504, 91505, 91506, 91507, 91508, 91510, 91521, 91522, 91523, 91526, 91601, 91602, 91603, 91604, 91605, 91606, 91607, 91608, 91609, 91610, 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

## Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. 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, gender affirming care, 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)

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**

बनाि लागत की भाषा सेवाएँ। आप एक दुभाषयिा 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)।

**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**

សេវាកម្មដោយឥតគិតថ្លៃ។ 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 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'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néhó'dólzínígíí bikáa'gi béésh bee hane'í bikáá' áajj' 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)**

ਬਨਿਾਂ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ 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 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. 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 **800-522-0088**, or
- Visit us online at **[healthnet.com/fehb](https://healthnet.com/fehb)**.

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

<sup>2</sup>You may receive services on an in-person basis or via telehealth, if available, from your primary care provider, a treating specialist or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with the service and existing timeliness and geographic access standards required under California law. Any cost share for services received through Teladoc will accrue toward your out-of-pocket maximum and deductible (if your plan has a deductible). By scheduling through Teladoc, you consent to receive services via telehealth through Teladoc. See your health plan coverage document for coverage information and for the definition of telehealth services. You have a right to access your medical records for services received through Teladoc. Unless you choose otherwise, any services provided through Teladoc shall be shared with your primary care provider

<sup>3</sup>Members/spouses must be 18 years or older to take part. Fees will vary based on fitness center selection. There is a 2-month commitment required. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct is a trademark of ASH and used with permission herein. Not all services may be available in all areas and the program may be changed (including monthly and enrollment fees and/or the introductory period) or discontinued at any time.

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