



Adult Dental and Vision Coverage

AMBETTER HMO PLUS PLANS, AVAILABLE DIRECTLY THROUGH HEALTH NET

Optional Adult Dental and Vision coverage (ages 19 and older) with an Ambetter HMO Plus Plan!

You have the option to add Adult and Dental and Vision coverage. Health Net offers Adult Dental benefits administered by Dental Benefit Providers of California, Inc. and contracts with Centene Vision Services to administer vision benefits.

Please note: Pediatric Dental and Pediatric Vision coverage (ages newborn to age 18) is included when you purchase Ambetter HMO medical coverage. When an Ambetter HMO Plus Plan is purchased, all adults on the plan ages 19 and over will have Plus Plan Dental and Vision services. Family members who turn 19 after the open enrollment period will not have Plus Plan Adult Dental and Vision services until the following calendar year. Adult Dental and Vision can only be purchased with medical coverage during the open enrollment or special enrollment periods.



These benefits include:

Dental coverage benefits

- **Established network** of credentialed dentists.
- Preventive dental care provided at **set copayments or at no charge and with no deductible.**
- **Orthodontic benefits.**
- **No annual maximums.**
- **No waiting periods** – Benefits begin immediately.



Vision coverage benefits

- **A network-based provider selection** at time of service.
- **Thousands of credentialed optometrists, ophthalmologists and opticians.**
- Vision exams for a **set copayment and with no deductible.**
- **Competitive coverage** for contacts and glasses (frames and lenses).

(continued)



Please note: Ambetter HMO Plus Plans include age and region-based rates and are not available in all counties. Please see the Individual & Family Plans Rate Guide for details.

Summary of dental benefits

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT AND EVIDENCE OF COVERAGE SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

All of the following services, except emergency dental services, must be provided by your selected Health Net Participating Primary Dental Provider in order to be covered.

Covered benefits		Member pays ¹
Deductibles		None
Professional services – Diagnostic		
D0120	Periodic oral evaluation – established patient	No charge
D0140	Limited oral evaluation – problem-focused	No charge
D0150	Comprehensive oral evaluation – new or established patient	No charge
D0210	Intraoral X-rays – complete series (including bitewings)	No charge
D0220	Intraoral X-rays – periapical first film	No charge
D0230	Intraoral X-rays – periapical each additional film	No charge
D0240	Intraoral X-rays – occlusal film	No charge
D0270	Bitewing X-rays – single film	No charge
D0272	Bitewing X-rays – two films	No charge
D0273	Bitewing X-rays – three films	No charge
D0274	Bitewing X-rays – four films Bitewing X-rays are limited to one series of four films in any 12-month period	No charge
D0330	Panoramic film	No charge
D0350	Oral / facial photographic images	No charge
D0460	Pulp vitality tests	No charge
D0470	Diagnostic casts	No charge
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No charge
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge
Preventive		
D1110	Prophylaxis – initial	\$8
D1110	Prophylaxis – second in same calendar year Prophylaxis is limited to: (a) one initial treatment every 12 months, and (b) one “second” treatment every 12 months. An additional prophylaxis will be covered if determined to be dentally necessary and consistent with professional practice (for example, for high-risk patients, such as women who are pregnant, enrollees undergoing cancer chemotherapy, or enrollees with compromising systemic diseases such as diabetes).	\$23
D1204	Topical application of fluoride – prophylaxis not included	\$3
D1206	Topical fluoride varnish – therapeutic application for moderate to high caries risk patients	\$3
D1310	Nutritional counseling for control of dental disease	No charge
D1330	Oral hygiene instructions	No charge
D1510	Space maintainer – fixed, unilateral	\$75
D1515	Space maintainer – fixed, bilateral	\$155
D1520	Space maintainer – removable, unilateral	\$100
D1525	Space maintainer – removable, bilateral	\$170
D1550	Recementation of space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15

(continued)

¹Copayments for adult dental services do not apply toward the medical deductible or out-of-pocket maximum.

Covered benefits		Member pays ¹
Restorative		
D2140	Amalgam – one surface, permanent	\$25
D2150	Amalgam – two surfaces, permanent	\$32
D2160	Amalgam – three surfaces, permanent	\$41
D2161	Amalgam – four or more surfaces, permanent	\$49
D2330	Resin-based composite – one surface, anterior	\$35
D2331	Resin-based composite – two surfaces, anterior	\$45
D2332	Resin-based composite – three surfaces, anterior	\$55
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$65
D2391	Resin-based composite – one surface, posterior (permanent tooth)	\$55
D2392	Resin-based composite – two surfaces, posterior (permanent tooth)	\$70
D2393	Resin-based composite – three surfaces, posterior (permanent tooth)	\$85
D2394	Resin-based composite – four or more surfaces, posterior (permanent tooth)	\$85
Crowns – Single restorations only		
D2710	Crown – resin-based composite, indirect	\$240 plus actual lab cost of noble or high noble metal
D2712	Crown – 3/4 resin-based composite, indirect	\$240 plus actual lab cost of noble or high noble metal
D2720	Crown – resin with high noble metal	\$240 plus actual lab cost of noble or high noble metal
D2721	Crown – resin with predominantly base metal	\$240 plus actual lab cost of noble or high noble metal
D2722	Crown – resin with noble metal	\$240 plus actual lab cost of noble or high noble metal
D2750	Crown – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D2751	Crown – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal
D2752	Crown – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D2780	Crown – 3/4 cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D2781	Crown – 3/4 cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D2782	Crown – 3/4 cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D2790	Crown – full cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D2791	Crown – full cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D2792	Crown – full cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D2794	Crown – titanium	\$280 plus actual lab cost of noble or high noble metal
D2910	Recement inlay, onlay or partial coverage restoration	\$15
D2915	Recement cast or prefabricated post and core	\$15
D2920	Recement crown	\$21
D2930	Prefabricated stainless steel crown – primary tooth	\$55
D2931	Prefabricated stainless steel crown – permanent tooth	\$65
D2940	Sedative filling	\$20
D2950	Core buildup, including any pins	\$23 plus actual lab cost of noble or high noble metal

(continued)

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Covered benefits		Member pays ¹
Crowns – Single restorations only (continued)		
D2951	Pin retention – per tooth, in addition to restoration	\$20 plus actual lab cost of noble or high noble metal
D2952	Post and core in addition to crown, indirectly fabricated	\$100 plus actual lab cost of noble or high noble metal
D2953	Each additional indirectly fabricated post – same tooth	\$100 plus actual lab cost of noble or high noble metal
D2954	Prefabricated post and core	\$60 in addition to crown
D2957	Each additional prefabricated post – same tooth	\$60
D2970	Temporary crown – fractured tooth	No charge
Endodontics		
D3110	Pulp cap – direct, excluding final restoration	\$21
D3120	Pulp cap – indirect, excluding final restoration	\$21
D3220	Therapeutic pulpotomy, excluding final restoration – removal of pulp coronal to the dentinocemental junction and application of medicament	\$33
D3310	Anterior, excluding final restoration	\$170
D3320	Bicuspid, excluding final restoration	\$220
D3330	Molar, excluding final restoration	\$290
D3332	Incomplete endodontic therapy – inoperable, unrestorable or fractured tooth	\$170
D3346	Retreatment of previous root canal therapy – anterior	\$185
D3347	Retreatment of previous root canal therapy – bicuspid	\$240
D3348	Retreatment of previous root canal therapy – molar	\$315
D3410	Apicoectomy/periradicular surgery – anterior	\$155
D3421	Apicoectomy/periradicular surgery – bicuspid, first root	\$155
D3425	Apicoectomy/periradicular surgery – molar, first root	\$155
D3426	Apicoectomy (each additional root)	\$75
D3430	Retrograde filling – per root	\$48
D3450	Root amputation – per root	\$85
D3920	Hemisection (including any root removal), not including root canal therapy	\$85
Periodontics		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$230
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$33
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$30
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$30
D4260	Osseous surgery, including flap entry and closure – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$290
D4261	Osseous surgery, including flap entry and closure – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$290
D4341	Periodontal scaling and root planing – four or more teeth, per quadrant	\$30
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$30
D4355	Full-mouth debridement to enable comprehensive evaluation and diagnosis	\$20
Prosthodontics (removable) – Dentures replaced within any five-year period are not covered		
D5110	Complete denture – maxillary	\$405
D5120	Complete denture – mandibular	\$405
D5130	Immediate denture – maxillary	\$420
D5140	Immediate denture – mandibular	\$420
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$290
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$290

(continued)

¹Copayments for adult dental services do not apply toward the medical deductible or out-of-pocket maximum.

Covered benefits		Member pays ¹
Prosthodontics (removable) (continued)		
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
D5410	Adjust complete denture – maxillary	\$15
D5411	Adjust complete denture – mandibular	\$15
D5421	Adjust partial denture – maxillary	\$15
D5422	Adjust partial denture – mandibular	\$15
D5510	Repair broken complete denture base	\$45
D5520	Replace missing or broken tooth – complete denture, each tooth	\$53
D5610	Repair resin denture base	\$45
D5620	Repair cast framework	\$58
D5630	Repair or replace broken clasp	\$63
D5640	Replace broken teeth – per tooth	\$53
D5650	Add tooth to existing partial denture	\$58
D5660	Add clasp to existing partial denture	\$63
D5710	Rebase complete maxillary denture	\$185
D5711	Rebase complete mandibular denture	\$185
D5720	Rebase maxillary partial denture	\$185
D5721	Rebase mandibular partial denture	\$185
D5730	Reline complete maxillary denture – chairside	\$70
D5731	Reline complete mandibular denture – chairside	\$70
D5740	Reline maxillary partial denture – chairside	\$70
D5741	Reline mandibular partial denture – chairside	\$70
D5750	Reline complete maxillary denture – laboratory	\$120
D5751	Reline complete mandibular denture – laboratory	\$120
D5760	Reline maxillary partial denture – laboratory	\$120
D5761	Reline mandibular partial denture – laboratory	\$120
D5820	Interim partial denture – maxillary	\$135
D5821	Interim partial denture – mandibular	\$135
D5850	Tissue conditioning – maxillary	\$40
D5851	Tissue conditioning – mandibular	\$40
Prosthodontics (fixed)		
D6205	Pontic – indirect resin-based composite, excluding molars	\$280 plus actual lab cost of noble or high noble metal
D6210	Pontic – cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6211	Pontic – cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6212	Pontic – cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6214	Pontic – titanium	\$305 plus actual lab cost of noble or high noble metal
D6240	Pontic – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D6241	Pontic – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal

(continued)

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Covered benefits		Member pays ¹
Prosthodontics (fixed) (continued)		
D6242	Pontic – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D6710	Crown – indirect resin-based composite	\$305 plus actual lab cost of noble or high noble metal
D6750	Crown – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D6751	Crown – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal
D6752	Crown – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D6780	Crown – 3/4 cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6781	Crown – 3/4 cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6782	Crown – 3/4 cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6790	Crown – full cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6791	Crown – full cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6792	Crown – full cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6794	Crown – titanium	\$280 plus actual lab cost of noble or high noble metal
D6930	Recement fixed partial denture. Fixed bridgework will be covered only when a removable partial denture cannot satisfactorily restore the case.	\$23
D6970	Post and core addition to fixed partial denture retainer, indirectly fabricated	\$100 plus actual lab cost of noble or high noble metal
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$60
D6973	Core build-up for retainer, including any pins	\$23 plus actual lab cost of noble or high noble metal
D6976	Each additional indirectly fabricated post – same tooth	\$100 plus actual lab cost of noble or high noble metal
D6977	Each additional prefabricated post – same tooth	\$60
D9120	Fixed partial denture sectioning	No charge
Oral and maxillofacial surgery		
D7111	Extraction, coronal remnants – deciduous tooth	\$35
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$35
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) – each additional tooth	\$27
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (root removal – exposed roots)	\$43
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$50
D7220	Removal of impacted tooth – soft tissue	\$70
D7230	Removal of impacted tooth – partially bony	\$105
D7240	Removal of impacted tooth – completely bony	\$135
D7250	Surgical removal of residual tooth roots, cutting procedure	\$50

(continued)

¹Copayments for adult dental services do not apply toward the medical deductible or out-of-pocket maximum.

Covered benefits		Member pays ¹
Orthodontics		
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,000
D8210	Removable appliance therapy	\$115
D8220	Fixed appliance therapy	\$220
D8670	Routine orthodontic visits	\$17
Adjunctive general services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$14 (This copay is in addition to specific services copays.)
Other services		
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$11
D9951	Occlusal adjustment – limited, per quadrant	\$27
D9952	Occlusal adjustment – complete, per quadrant	\$27
D9995	Teledentistry – synchronous	No charge
D9996	Teledentistry – asynchronous	No charge
D9999	Missed appointments without 24-hour prior notice The copayment for missed appointments may not apply if: (a) the member canceled at least 24 hours in advance, or (b) the member missed the appointment because of an emergency or circumstances beyond the control of the member.	\$20
D9999	Transfer of all materials with less than a full-mouth X-ray	No charge
D9999	Transfer of all materials with a full-mouth X-ray	No charge
D9999	Operatory preparation fee (payable per visit in addition to any applicable copays for covered services rendered)	No charge

¹Copayments for adult dental services do not apply toward the medical deductible or out-of-pocket maximum.

Occasionally, an instance arises where the general dentist deems that the services of a specialist are required. Health Net can assist the member with a referral to a specialist. However, there is no coverage under the plan for services rendered by a specialist except for orthodontic care.

Dental codes from Current Dental Terminology© American Dental Association.

Summary of vision benefits

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT AND EVIDENCE OF COVERAGE SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

All of the following services must be provided by a Health Net Participating Vision Provider in order to be covered.

Covered benefits	Member pays ¹
Deductibles	None
Lifetime maximums	None
Exam with dilation as necessary (once every 12 months)	\$10 copay
Exam options – fit and follow-up	
Standard contact lens	Up to \$55
Premium contact lens	10% off retail price
Frames	
Once every 12 months, \$80 allowance	\$0 copay
Standard plastic eyeglass lenses (once every 12 months)	
Single vision	\$40 copay
Bifocal	\$40 copay
Trifocal	\$40 copay
Lenticular	\$40 copay
Standard progressive lenses	\$105 copay
Premium progressive lenses	\$105 copay, plus 20% off balance over \$120 allowance
Lens options	
UV coating	20% off retail price
Tint (solid and gradient)	20% off retail price
Standard plastic scratch-resistant	20% off retail price
Standard polycarbonate	20% off retail price
Standard anti-reflective	20% off retail price
Other add-ons and service	20% off retail price
Contact lenses	
Once every 12 months in lieu of eyeglass lenses (Contact lens allowance includes materials only.)	
Medically necessary contact lenses²	\$0 copay
Non-medically necessary contact lenses	
Conventional	\$0 copay, plus 15% off balance over \$80 allowance
Disposable	\$0 copay, then 100% of balance over \$80 allowance

Limitation: In accordance with professionally recognized standards of practice, this plan covers one complete vision examination once every 12 months. Benefits may not be combined with any discounts, promotional offerings or other group benefit plans. Allowances are one-time-use benefits. No remaining balance. Examination for contact lenses is in addition to the member's vision examination. There is no additional copayment for a contact lens follow-up visit after the initial fitting examination.

¹Copayments for adult vision services do not apply toward the medical deductible or out-of-pocket maximum.

²Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:

- Keratoconus where the patient is not correctable to 20/40 in either or both eyes using standard spectacle lenses.
- High ametropia exceeding -12 D or +9 D in spherical equivalent.
- Anisometropia of 3 D or more.
- Patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

Dental and vision benefits for HMO plans are provided by Health Net of California, Inc. Dental benefits are administered by Dental Benefit Providers of California, Inc. (DBP). DBP is a California licensed specialized dental plan and is not affiliated with Health Net of California, Inc. Health Net contracts with Centene Vision Services to administer vision benefits.

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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 ntawv 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 bą́ąh ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádííóót'íjį. Naaltsos da t'áá shí shizaad k'ehjí shichí' yídoolta' nínízingo t'áá ná ákódoolníít. Ákót'éego shíká a'doowoł nínízingo Customer Contact Center hoolyéhíjį' hodíílnih ninaaltsos nanítingo bee néého'dolzinígíí hodoonihjí' bikáá' éí doodago kójjí' hólne' Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711), California marketplace báhígíí kójjí' hólne' IFP On Exchange 1-888- 926-4988 (TTY: 711) éí doodago Small Business báhígíí kójjí' hólne' 1-888-926-5133 (TTY: 711), Group Plans through Health Net báhígíí éí kójjí' 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 برایتان خوانده شوند. برای دریافت کمک، با مرکز تماس مشتریان به شماره روی کارت شناسایی یا طرح فردی و خانوادگی (IFP) Off Exchange) به شماره: 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، با 1-800-522-0088 (TTY:711) تماس بگیرید.

Punjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਬਾਸ਼ੀਏ 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) ਔਫ਼ ਐਕਸਚੇਂਜ 'ਤੇ ਕਾਲ ਕਰੋ: 1-800-839-2172 (TTY: 711)। ਕੈਲੀਫੋਰਨੀਆ ਮਾਰਕਿਟਪਲੇਸ ਲਈ, IFP ਔਨ 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 คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โทรหาศูนย์ลูกค้าสัมพันธ์ได้ที่หมายเลขบนบัตรประจำตัวของคุณ หรือโทรหาฝ่ายแผนบุคคลและครอบครัวของเอกชน (Individual & Family Plan (IFP) Off Exchange) ที่ 1-800-839-2172 (โทรทศ TTY: 711) สำหรับเขตแคลิฟอร์เนีย โทรหาฝ่ายแผนบุคคลและครอบครัวของรัฐ (IFP On Exchange) ได้ที่ 1-888-926-4988 (โทรทศ TTY: 711) หรือ ฝ่ายธุรกิจขนาดเล็ก (Small Business) ที่ 1-888-926-5133 (โทรทศ TTY: 711) สำหรับแผนแบบกลุ่มผ่านทาง Health Net โทร 1-800-522-0088 (โทรทศ 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

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