Commercial

Health Net Health Plan of Oregon, Inc. (Health Net)

Oregon and Washington

Member Handbook

Effective January 1, 2020

Health Net®

Contents

Welcome to Health Net

We're happy to have you in the Health Net family! This handbook is for members in Oregon and Washington. It's your go-to reference about your health plan.

The basics

A variety of plans. Health Net offers several types of health plans. Most of the information in this handbook applies to all plan types. Refer to your *Plan Contract* or *Individual & Family Agreement* for the specific benefits that come with your health plan.

Your member ID card. Keep this card handy. It's your ticket to all things Health Net! It lists your name, your member number, the name of your primary care physician (PCP) if you have one, and helpful information about your health coverage. You'll always need it when you use health services.

Website. Our websites are packed with useful information and resources. Choose or change your doctor. Watch helpful videos. Explore wellness programs. Read about the details of your health coverage. Just set up an online account and begin discovering it all!

Employer Group Plans:
www.healthnet.com

Individual & Family Plans:
www.myhealthnetoregon.com

Health Net Mobile app. Download our free app and turn your mobile device into an extension of your health care team. It gives you on-the-go access to useful resources available online. It's easy, convenient and free!

Customer Contact Center. If you have any questions about your health plan or its benefits, we're here to help. Call us Monday through Friday, 7:30 a.m. to 5:00 p.m., at 1-888-802-7001.

Set up an online account in minutes! To register, go to our website and answer a few simple questions and you're done!

Words *to* Know

Sometimes it seems like health coverage comes with its own language! Use our glossary as you read this guide and consider your choices.

Benefits (also called Covered Services)
The health care items or services that are covered.

Coinsurance
Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Let's say the coinsurance is 20% and the medical bill is $100. You would pay $20 and the health plan would pay the rest.

CommunityCare
A type of health plan offered by Health Net in Oregon. You choose a primary care physician (PCP) in the CommunityCare Network. Your PCP coordinates your care and refers you to in-network specialists when necessary. You stay within the network for all covered services. (**Note**: Health Net CommunityCare plans are not available in Washington.)

Copayment (also called Copay)
A fixed amount you pay for the services you use. For a doctor visit that might cost $150, you could pay a $15 copayment and the health plan pays the rest.

Cost-Sharing
The share of costs covered by your health coverage that you pay out of your own pocket. This term generally includes deductibles, coinsurance and copayments, or similar charges.

Deductible
The amount you owe for covered health care services before your health plan begins to pay for those services. For example, if your deductible is $1,000, you have to pay for the health care services you use up to this amount. The deductible may not apply to all services.

Dependents
Spouses, children or domestic partners of the main subscriber or policyholder.

Excluded Services
Health care services that your health plan doesn't pay for or cover.

Exclusive Provider Organization (EPO)
A type of health plan. With an EPO, you choose a PCP from the network that comes with your health plan. You see that doctor for routine care. If you need to see specialists, your PCP refers you to providers in the network. Only in-network services are covered. (**Note:** Health Net EPO plans are not available in Washington.)

Member (Subscriber)
The person who receives benefits under a health plan. The primary member is called the Subscriber.

Network
The doctors, hospitals and other health care providers that your health plan has contracted with to provide health care services.

Out-of-Pocket Maximum
The most you pay during a policy period (usually a year), after which your health coverage begins to pay 100% of the allowed amount for covered services. This limit never includes your premium or health care charges for services your health plan doesn't cover.

Preferred Provider Organization (PPO)
A type of health plan. With a PPO, you do not have to choose a PCP (but you can if you'd like to). You do not need referrals from your PCP when seeing specialists. You also have the option of using either in-network or out-of-network providers. Your out-of-pocket costs will usually be lower when you stay in the network.

Premium
The amount you or your employer pays every month for health coverage.

Preventive Care
An annual physical examination that may include immunizations, screening tests, well-baby care, and gynecological exams at no cost. Review your policy for details.

Primary Care Physician (PCP)
A physician who directly provides or coordinates a range of health care services for a patient. A PCP can be a medical doctor (MD), doctor of osteopathy (DO) or naturopathic doctor (ND).

Special Enrollment Period
The time outside of the annual open enrollment period when you can make a change in coverage if you have a qualifying life event (such as getting married or divorced, having a baby, losing coverage from a job, and others).

Getting Care

A full roster of Northwest health professionals

Your Health Net health plan gives you access to a broad network of Oregon and Washington providers – doctors, nurses and specialists. The exact list of providers in your network depends on the health plan you choose. It's easy to find out who's in your network. Just go to our website and click on *ProviderSearch* > *Find a Doctor*. Then choose *Filter by type of Plan/ Network* and select your health plan from the drop-down menu. Or you can log in to your online account and use the *ProviderSearch* function. Only providers covered under your plan will appear in the search results after you've logged in.

Your main doctor – primary care physician (PCP)

Having a doctor who knows you is important. For many of our health plans, you choose a PCP when you enroll. For our PPO plans, you have the option to choose a PCP but it's not required.

- **CommunityCare and EPO plans**
  You are required to choose a PCP if you're enrolled in CommunityCare or an EPO plan. Your PCP is the doctor you'll see for routine care and the health care professional who knows you best. You should always contact your PCP first when you have a medical concern. If you need to see a specialist, your PCP will refer you to one. Each member of your family can have a separate PCP. (**Note:** Health Net CommunityCare and EPO plans are not available in Washington.)
- **PPO plans**
  With a PPO plan, you do not have to pick a PCP in our network; however, you can if you'd like to. If you do, you will have access to someone you know when you need health advice or when you are sick. Plus, you'll pay less for services than if you see a doctor outside our network.

Tip!

You can choose or change your PCP anytime. You can also find out if a doctor you've seen before is in your Health Net health plan's network. Simply log in to your online account and click on *ProviderSearch*. Or call us at 1-888-802-7001, and we'll be happy to help. Once you've selected a PCP, it's a good idea to call that provider's office to confirm that he or she is taking new patients.

When benefits require prior authorization

Some services and medications require prior approval from Health Net. This is called prior authorization. It's a review to make sure a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Prior authorization isn't a promise that your health plan will cover the cost.

Everything that needs prior authorization is listed in the *Plan Contract* or *Individual & Family Agreement* for your health plan. That's the best place to check for all the details.

Here's how prior authorization works:

- Your doctor sends Health Net the necessary clinical information.
- Health Net reviews the clinical information to determine medical necessity. Medical necessity is based on definitions in member materials and nationally recognized guidelines and/or criteria.
- Health Net makes the decision within the time frames we promise: within two business days for standard reviews and within 24 hours for urgent requests or per state requirements.
- Health Net notifies your doctor of the decision. We also send you a letter if a service is denied for not being medically necessary. Your right to appeal is included.

Note: Any provider, regardless of whether he or she is part of your health plan's network, may request prior authorization from Health Net.

If your PCP refers you to a specialist or other provider, check that he or she is in the network that comes with your plan before setting up an appointment. This will help you avoid any unforeseen charges. You can find all your in-network providers by using our online search tool.

Prescription Drug Coverage

Prescription drugs covered by your health plan

The list of drugs Health Net covers is called the Essential Rx Drug List. If you are prescribed a medication that's not on the list, you can ask your doctor to prescribe a comparable one that is on the list.

Or your doctor can call us to request approval for a drug that isn't on the list as long as it's not excluded from coverage. These are called non-formulary drugs. A non-formulary drug is a prescription drug that has a generic, therapeutic, over-the-counter, or other equivalent formulary alternative, which requires prior authorization for coverage.

- Your doctor can send us a prior authorization request for the non-formulary drug, along with a statement supporting the request. Requests may be made by phone, mail or fax.
- If we approve an exception for a drug that is not on the Essential Rx Drug List, the non-preferred brand tier, copayment or coinsurance applies.

Health Net will make a coverage determination within two business days for standard reviews.

Oregon Members – MAC A may apply:
If you receive a brand-name medication when there is a generic available, you may be responsible for the applicable copayment, plus the cost difference between the brand-name drug and the generic drug. Please refer to your group plan benefits for more information.

Filling prescriptions at a pharmacy

Your Health Net health plan requires that you get your medications from a pharmacy in your network if you have prescription drug benefits. (In an emergency or when an in-network pharmacy is not available to you, you may get prescriptions filled at an out-of-network pharmacy. For details on how to pay and submit claims for these prescriptions, please see "How to file a prescription drug claim" on page 9 of this handbook, or call the Health Net Customer Contact Center.)

Specialty pharmacy orders

Some medicines included on the Essential Rx Drug List are classified as Specialty Pharmacy drugs under your health plan. These include certain high-cost biologic, injectable or oral drugs typically dispensed through specific pharmacies. **Note:** If you require any of these medicines, they may come with higher out-of-pocket costs than other prescription drugs covered through your benefits. Talk to your provider or call the Health Net Customer Contact Center for more information about how to get these prescriptions filled.

Mail order pharmacy

Do you take prescription medications on a regular basis? You can order up to a 90-day supply delivered right to your home.

Save more! Order through CVS Pharmacy®

You can receive a three-month supply of your prescription for the price of only two copayments when you order through the CVS Pharmacy mail order pharmacy.

Make your purchase one of three convenient ways:

- **Order by phone.** Have your doctor call in a new prescription at 1-800-378-5697 or fax to 1-800-378-0323.
- **Online** – Register or log in to **www.healthnet.com**. Click *How can we help you today?* Under My Prescriptions, click on *Mail Order drugs* and follow the instructions to request a new prescription.
- **By mail** – Follow the navigation in the prior bullet; click on *Mail Order drugs*; then download, print and send in the Mail Service Order Form.

A list of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Rx Drug List (EDL). To review it, log in to your online account; click on *My Health Plan > Pharmacy Coverage > View My Drug List*. From there, **Oregon members** should click on *OR Essential Rx Drug List*; **Washington members** should click on *WA Essential Rx Drug List or Preventive Drug List*.

More about Your Benefits

Staying covered through change

Life never stays the same for long. We want to make sure your health plan reflects all of your current realities. Any of these changes make Health Net members eligible for "special enrollment."

Update your Health Net health plan if you are or will soon be:

- Moving to a new address.
- Getting married or entering a new domestic partnership.
- Getting divorced.
- Having or adopting a child.
- Turning 26 and need to switch from your parent's health plan to your own (or if you have a child who is turning 26).
- Making a job change that means starting a new health plan or stopping an old one.

Special enrollment can happen at any time. If you have one of these changes, you don't have to wait for the official open enrollment season. If you have a qualifying event during the year, you have between 30 and 60 days from the date of the event to make relevant benefit changes.

Out-of-service-area PPO and CommunityCare 3T members

Health Net Health Plan of Oregon, Inc. PPO and CommunityCare 3T members who do not reside in Oregon or Washington have access to care through our national provider network. A listing of providers is available online in our *ProviderSearch* tool. Click *Search First Health* (located on the right, under "Other options").

If you have questions about out-of-service-area benefits, call the Customer Contact Center to verify how benefits will be paid prior to an office visit.

Travel benefits for PPO and CommunityCare 3T members

Your health is our priority, even when you're away from home. Health Net has a national network of providers ready to step in if you need care. Going to these First Health in-network health care professionals will help you save on out-of-pocket costs if you need to use health care services while traveling. It's easy to search for in-network providers by your destination's ZIP code. A listing of providers is available online in our *ProviderSearch* tool. Click *Search First Health* (listed under "Other options").

(**Note:** All plans include out-of-state coverage for emergency care. However, out-of-service-area and travel benefits through First Health are only available on PPO and CommunityCare 3T plans.)

Claims

Health Net offers CommunityCare, EPO and PPO plans. Our CommunityCare 1T and EPO plans have a specific doctor network. Members must use the network that comes with their plan for all covered services. There is no coverage for out-of-network services on the CommunityCare 1T and EPO plans except for urgent or emergency care, or if pre-approved by Health Net.

When you use in-network services, your health care provider sends the claim to Health Net. There's no paperwork for you!

You may have to file a claim if you get urgent or emergency services, or for services that Health Net pre-approves.

How to file a medical claim

1. Download and complete one claim form for each member submitting bills for reimbursement for covered services and for each doctor and/or facility. To find the form, log in to your online account; click *Order/View Forms > Claims / Medical Claim Form for Group, Individual & Family Plans.*
2. Be sure to:
   - Answer each question completely.
   - Attach itemized bills and proof of payment.

Note: Claims must be submitted within 365 days of service.

3. Mail your claim to:

   Health Net Health Plan of Oregon, Inc.
   Commercial Claims
   PO Box 9040
   Farmington, MO 63640-9040

Note: Receipts must be in English – and U.S. currency.

How to file a prescription drug claim

Remember – You need to use participating Health Net pharmacies to get prescription drug benefits. They're located all over the country so it's easy to find one in Oregon, Washington or anywhere you go in the U.S.

If you fill a prescription at a nonparticipating pharmacy (e.g., in case of emergency), or if Health Net is your secondary insurance plan, you will need to submit a prescription drug claim. Send us a letter with the original receipt for your prescription (not the cash register receipt), include the patient's name and proof of payment (receipt), and mail to:

Health Net Health Plan of Oregon, Inc.
Attention: Pharmacy Claims
13221 SW 68th Pkwy., Ste. 200
Tigard, OR 97223-8328

How to file a claim for care received outside the United States

If you receive covered emergency care or prescription drugs associated with an emergency medical condition while traveling outside the country or on a cruise in foreign or domestic waters, submit your claim with, if possible, a translation of the bill, your member ID number, a daytime phone number, proof of payment (if applicable), the date of service, the provider's name and address, the diagnosis, and an itemized list of all procedures performed to:

Health Net Health Plan of Oregon, Inc.
PO Box 9040
Farmington, MO 63640-9040

The Explanation of Benefits (EOB) form

After you use health services, you may receive something called an Explanation of Benefits, or EOB. The EOB is not a bill. It's simply a snapshot for your records of the costs associated with any services you received. The EOB shows the total amount a provider bills for a service, and how much of that amount you and Health Net are responsible for paying.

If you get a bill from a provider, the amount due should match what's listed on the EOB for that service. Always double-check your EOB to make sure the appointment date, the service(s) rendered and the provider's name are correct.

If you have questions about any information contained on an EOB that you receive from us, contact the Customer Contact Center at 1-888-802-7001.

Your Rights *and* Responsibilities

You have certain rights and responsibilities as a Health Net member. We are responsible for providing the information and assistance you need to understand your rights and carry out your responsibilities.

Member rights

You have the right to:

- Receive information about Health Net, its services, its practitioners and providers, and your rights and responsibilities.
- Be treated with respect and recognition of your dignity and right to privacy.
- Participate in decision making regarding your health care, including a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about Health Net or the care provided.

Member responsibilities

You have the responsibility to:

- Understand the terms of your plan, including any requirements about accessing care.
- Provide, to the extent possible, information that Health Net and its practitioners and providers need in order to care for you.
- Understand your health problems and participate in developing mutually agreed upon treatment goals with your provider to the highest degree possible.
- Follow the plans and instructions for care that you have agreed on with your practitioners.

Your right to give input into policies and practices

Your input is important to us. Here are some ways you can tell us how we're doing:

- Call or email our Customer Contact Center.
- Participate in member satisfaction surveys.
- Participate, if selected, in ongoing consumer work groups.
- Send a letter with suggestions directly to our Board of Directors.

Your right to a notice of coverage for reconstructive surgery following mastectomies

The Women's Health and Cancer Rights Act requires all health plans to provide notice of coverage for reconstructive surgery following mastectomies resulting from disease, illness or injury. If you receive benefits for a mastectomy and elect breast reconstruction with the mastectomy, your benefits include coverage for:

- All stages of reconstruction of the breast on which a mastectomy was performed, including, but not limited to, nipple

reconstruction, skin grafts, and stippling of the nipple and areola.

- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Services related to physical complications from all stages of mastectomy, including lymphedemas.
- Inpatient care related to the mastectomy and post-mastectomy services.

Please note that your benefits may be subject to deductibles, coinsurance, copayments, and general terms of your policy. If you have questions about coverage for these or any other services, please call our Customer Contact Center at 1-888-802-7001.

Your right to a second medical opinion

You have the right to obtain a second medical opinion regarding medical advice offered by your physician to the extent benefits are available under your plan. If you exercise this right, the amount you pay for the second medical opinion cannot be higher than the amount you normally pay a provider of the same type. For information about obtaining a second medical opinion, call our Customer Contact Center.

Your right to file a grievance or appeal

We encourage you to promptly call us at 1-888-802-7001 whenever you have questions, comments or concerns. Most issues can be resolved quickly and satisfactorily in that manner. You have the right to file a grievance or appeal. We will assist you in filing your grievance or appeal. Upon request, we will help you put it in writing. For assistance in putting your grievance or appeal in writing, call 1-888-802-7001.

Submit written grievances and appeals to:

Health Net Grievances and Appeals
PO Box 10342
Van Nuys, CA 91410

Members covered under a Washington contract, or any member whose issue involves a clinically urgent condition, may submit grievances and appeals either in writing or by calling 1-888-802-7001.

You also have the right to file a complaint with, or seek other assistance from, state agencies regulating insurance activity:

Oregon members
Oregon Division of Financial Regulation
Consumer Advocacy Unit
PO Box 14480
Salem, OR 97309-0405

(503) 947-7984
Toll-free: 1-888-877-4894

Email cp.ins@state.or.us
www.oregon.gov/DCBS/insurance/gethelp/Pages/fileacomplaint.aspx

Washington members
Washington State Office of the Insurance Commissioner
Consumer Protection Division
PO Box 40256
Olympia, WA 98504-0256

(360) 725-7000
Toll-free: 1-800-562-6900

www.insurance.wa.gov

Your right to make a living will

The states of Oregon and Washington have authorized a "living will" (also called an Advance Directive) for all residents. By completing and signing an Advance Directive, you can make sure others know what sorts of medical treatment, including any life-sustaining procedures, you wish to receive if you cannot make those wishes known at the time of treatment. For more information, contact Oregon Health Decisions at 1-800-422-4805 and ask for a copy of the pamphlet "Making Health Care Decisions When You Can't Speak for Yourself." The pamphlet provides an Advance Directive form as well as more detailed information about your rights under the law. If you have signed an Advance Directive, please give it to your health care provider, who will keep it in your medical record.

Your right to information about Health Net

The following information about Health Net is available: an annual summary of grievances and appeals, an annual summary of utilization review policies, an annual summary of quality assessment activities, the results of all publicly available accreditation surveys, an annual summary of health promotion and disease prevention activities, and an annual summary of scope of network and accessibility of services.

If you would like any of this information, here are the agencies to contact:

Oregon members
Division of Financial Regulation
Consumer Advocacy Unit
PO Box 14480
Salem, OR 97309-0405

(503) 947-7984
Toll-free message line: 1-888-877-4894

Email at cp.ins@state.or.us or log in to www.oregon.gov/DCBS/insurance/gethelp/Pages/fileacomplaint.aspx.

Washington members
Washington State Office of the Insurance Commissioner
Consumer Protection Division
PO Box 40256
Olympia, WA 98504-0256

Call 1-800-562-6900 or go online to www.insurance.wa.gov. You may also call the Health Net Customer Contact Center at 1-888-802-7001 to request information.

Our right to examine your medical records

By accepting the benefits of your contract, you have consented to our examining your medical records. This may be necessary to process your claims or for purposes of medical management review or other review processes. Should we request your medical records, they remain strictly confidential and are not released to third parties under any circumstances.

Nondiscrimination Notice

Health Net Health Plan of Oregon, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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 1-888-802-7001 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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. Employer group members please call 1-888-802-7001 (TTY: 711).

Amharic
ክፍያ የሌለው የቋንቋ አገልግሎት፡፡ አስተርጓሚ ማግኘት ይችላሉ፡፡ ሰነዶች እንዲዘጋጅልዎ ማድረግ ይችላሉ፡፡ እርዳታ ለማግኘት በመታወቂያ ላይ ያለውን ቁጥር ይደውሉ፡፡ አመልካቾች 1-888-802-7001 (TTY: 711) ይደውሉ፡፡

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. يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-888-802-7001 (TTY: 711).

Chinese
免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。雇主團體的會員請致電 1-888-802-7001（TTY：711）。

Cushite (Oromo)
Waa Lacag la'aan Adeegyada Luuqada. Waxaad heli kartaa turjubaan. Waxaad heli kartaa in waraaqaha laguu aqriyo. Wixii caawin ah, naga soo wac lambarka ku qoran kaarka Aqoonsigaaga. Xubnaha kooxda badrooniga fadlan soo wac 1-888-802-7001 (TTY: 711).

German
Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-888-802-7001 (TTY: 711) an.

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ください。雇用主を通じた団体保険のメンバーの方は、1-888-802-7001（TTY: 711）までお電話ください。

Korean
무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스도 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 고용주 그룹 가입자분은 1-888-802-7001 (TTY: 711) 번으로 전화해 주십시오.

Cambodian (Khmer)
សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរស័ព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ សមាជិកក្រុមនិយោជក សូមទាក់ទងទៅលេខ 1-888-802-7001 (TTY: 711)។

Laotian
ລິການພາສາບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງໄດ້. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໂທຫາພວກເຮົາໄດ້ຕາມເບີທີ່ມີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. ສະມາຊິກກຸ່ມນາຍຈ້າງ ກະລຸນາໂທຫາເບີ 1-888-802-7001 (TTY: 711).

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Punjabi
ਬਿਨਾਂ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਡੇ ਲਈ ਦਸਤਾਵੇਜ਼ਾਂ ਪੜ੍ਹੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਰੋਜ਼ਗਾਰਦਾਤਾ ਗਰੁੱਪ ਦੇ ਸਦੱਸ, ਕਿਰਪਾ ਕਰਕੇ 1-888-802-7001 (TTY: 711) 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

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. Если вы участник коллективного плана, предоставляемого работодателем, звоните по телефону 1-888-802-7001 (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 aparece en su tarjeta de identificación. Los afiliados del grupo del empleador deben llamar al 1-888-802-7001 (TTY: 711).

Tagalog
Walang Gastos na Mga Serbisyo sa Wika. Maaari kayong kumuha ng isang interpreter. Maaari ninyong ipabasa ang mga dokumento. Para sa tulong, tawagan kami sa numerong nakalista sa inyong ID card. Para sa mga miyembro ng grupo ng employer, mangyaring tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian
Безплатні послуги перекладу. Ви можете скористуватися послугами перекладача. Вам можуть прочитати ваші документи. Щоб отримати допомогу, телефонуйте нам за номером, який вказаний на вашій ідентифікаційній картці (ID). Учасників групового страхового плану від працедавця просимо телефонувати за номером 1-888-802-7001 (TTY: 711).

Vietnamese
Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu c ầu 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. Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-888-802-7001 (TTY: 711).

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Your health is priceless.
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Assistance for the hearing and speech impaired:
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TTY users call 711.

Mail:
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13221 SW 68th Pkwy., Ste. 200
Tigard, OR 97223
1-888-802-7001

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