Health Net Health Plan of Oregon (Health Net)

Member Handbook

A REFERENCE GUIDE FOR MEMBERS

HealthNetOregon.com

Table of Content

We look forward to helping you find the **benefits** you **value** at a cost that's good for you.

Welcome to Health Net

We're happy to have you in the Health Net family! This handbook is for members in Oregon. 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 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. 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! **www.healthnetoregon.com**

Customer Contact Center

If you have any questions about your health plan, we're here to help. Call us Monday through Friday, 8 a.m. to 5 p.m., at 888-802-7001.

Set up an online account in minutes! To register, go to our website at: www.healthnetoregon.com 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.

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 a total of $1,000 before the health plan starts paying. 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.

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 amount you will pay for out-of-pocket costs in a calendar year. This includes your deductible, coinsurance and copays. Once you meet your out-of-pocket maximum, your benefits will pay at 100% for the rest of the calendar year. 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 and/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), physician assistant (PA), nurse practitioner (NP) 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 providers – doctors, nurses and specialists. Your provider 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 *Find a Provider*. 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 provider – primary care physician (PCP)

Having a provider 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 plans**
  You are required to choose a PCP if you're enrolled in a CommunityCare plan. Your PCP is the provider 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 different PCP.
- **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 provider outside our network.

Tip!

You can choose or change your PCP at any time. 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 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 they are taking new patients.

When benefits require prior authorization

Some services and medications require prior approval from Health Net. This is 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 under your account by logging in at: **www.healthnetoregon.com/member.**

Here's how prior authorization works:

- Your provider 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 provider of the decision. We also send you a letter if a service is denied for not being medically necessay. 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 they are 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 at www.healthnetoregon.com.

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 provider to prescribe a comparable one that is on the list.

Or your provider can request an authorization 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 provider 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.

MAC A may apply:
MAC A means that 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 to determine if this policy applies to your coverage.

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 10 of this handbook, or call the Health Net Customer Contact Center.)

Specialty pharmacy drugs

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.

A list of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Rx Drug List (EDL). Log in as a Health Net member at www.healthnetoregon.com to view the Oregon Essential RX Drug List.

Make your purchase one of three convenient ways:

Online

Register or log in to **www.healthnetoregon.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.

Order by phone

Have your provider call in a new prescription at 800-378-5697 or fax to 800-378-0323.

By mail

Follow the navigation for the "Online" option; click on Mail Order drugs; then download, print and send in the Mail Order Service Form.

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 or ending a domestic partnership.
- 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 period. If you have a qualifying event during the year, you have between 30 and 60 days from the date of the event to make an enrollment change.

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 *Find a Provider* tool. Click *Search First Health* (located on the right column).

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 *Find a Provider* tool. Click *Search First Health* (located on the right column).

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

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 receive services from a provider who is not contracted with Health Net.

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 provider and/or facility. To find the form, log in to your online account; click *Order/View Forms* > *Claims / Medical Claim Form for Group*.
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

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, 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. 315
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

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

The Explanation of Benefits (EOB) form

After you use health services, you will 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 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.
- Report suspected fraud to Health Net. You may report your concern anonymously. Call our Fraud Hotline at 800-977-3665 or our Integrity Hotline at 888-866-1366.

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 have 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 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 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 888-802-7001.

Submit written grievances and appeals to:

Health Net Grievances and Appeals
13221 SW 68th Parkway, Ste. 315
Tigard, OR 97223-8328

Phone: 888-802-7001 (TTY: 711)
Fax: 800-782-2352

Email:
or.commercial.member.appeals@healthnet.com

Members whose issue involves a clinically urgent condition may submit grievances and appeals either in writing or by calling 888-802-7001.

If you disagree with our appeals decision, you can appeal to an independent Review Organization (IRO).

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

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

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

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

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 is the agency to contact:

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

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

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

You may also call the Health Net Customer Contact Center at 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, 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 1-888-802-7001 (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/smartscreen/main.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 https://www.hhs.gov/ocr/complaints/index.html.

English
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call 1-888-802-7001 (TTY: 711).

Amharic
ለቋንቋ አገልግሎት ምንም ክፍያ የለውም። አስተርጓሚ ማግኘት ይችላሉ። የተነበበልዎትን እና የተወሰኑ በቋንቋዎ የተላኩልዎትን ሰነዶች መግኘት ይችላሉ። ለእርዳታ፣ ለደንበኞች ግንኙነት ማዕከል በመታወቂያ ካርድዎ ላይ ያለውን ቁጥር ይደውሉ ወይም በ 1-888-802-7001 (TTY: 711) ይደውሉ።

Arabic
الخدمات اللغوية المجانية. يمكنك الاستعانة بمترجم فوري، كما يمكنك طلب قراءة المستندات عليك وإرسال بعض منها إليك بلغتك. للحصول على المساعدة، يمكنك الاتصال بمركز اتصالات العملاء على الرقم الموجود على بطاقة معرف العضوية الخاصة بك أو الاتصال على 1-888-802-7001 (TTY: 711).

Chinese
免費語言服務。您可以取得口譯服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。如需協助，請撥打會員卡上的電話號碼聯絡客戶聯絡中心，或撥打電話 1-888-802-7001 (聽障專線 (TTY)：711)。

Cushite (Oromo)
Tajaajila afaaniif kaffaltii hin qabu. Turjubaana argachuu ni dandeessu. Sanadii isiniif dubbifamee fi afaan keessaniin muraasaan isniif ergame argachuu ni dandeessu. Gargaarsaaf, Wiirtuu Qunnamtii Maamilaa tiif lakkoofsicha kaardii enyummaa keessan irra jirutti bilbilaa ykn 1-888-802-7001 (TTY: 711) itti bilbilaa.

German
Es stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Sie können einen Dolmetscher hinzuziehen. Die Dokumente können Ihnen vorgelesen werden und einige sind in Ihrer Muttersprache erhältlich. Für Unterstützung rufen Sie bitte unser Kundendienstzentrum unter der auf Ihrer Versicherungskarte angegebenen Nummer oder unter der Rufnummer 1-888-802-7001 (TTY: 711) an.

Japanese
無料の言語支援サービス。通訳をご利用いただけます。日本語で文書を読み上げたり、文書によっては日本語版をお届けすることも可能です。支援をご希望の方は、IDカードに記載の番号にてカスタマーコンタクトセンターまでお電話いただくか、1-888-802-7001 (TTY: 711)までお電話ください。

Korean
무료 언어 서비스. 귀하는 통역사를 이용하실 수 있습니다. 귀하에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 받으시려면 본인의 ID 카드에 기재된 고객 서비스 센터 안내번호 또는 1-888-802-7001 (TTY: 711)번으로 전화해주십시오.

Cambodian (Khmer)
សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលអ្នកបកប្រែបាន។ អ្នកអាចឲ្យគេអានឯកសារជូនអ្នក និងផ្ញើឯកសារខ្លះជូនអ្នក ជាភាសារបស់អ្នក។ សំរាប់ជំនួយ ទូរស័ព្ទទៅមជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជន តាមលេខនៅលើបំណុល ID របស់អ្នក ឬហៅលេខ 1-888-802-7001 (TTY: 711)។

Laotian
ການບໍລິການດ້ານພາສາທີ່ບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍນາຍແປພາສາ. ທ່ານສາມາດອ່ານເອກະສານ ແລະ ຈໍານວນໜຶ່ງໄດ້ສົ່ງໃຫ້ທ່ານເປັນພາສາຂອງທ່ານແລ້ວ. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ໂທຫາສູນຕິດຕໍ່ລູກຄ້າໄດ້ທີ່ເລກໝາຍຢູ່ເທິງບັດ ID ຂອງທ່ານ ຫຼື ໂທ 1-888-802-7001 (TTY: 711).

Punjabi
ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਲਈ ਕੋਈ ਲਾਗਤ ਨਹੀਂ। ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਦਸਤਾਵੇਜ਼ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ID ਕਾਰਡ 'ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-802-7001 (TTY: 711)।

Russian
Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика.
Вам могут прочесть документы на русском языке и выслать переводы некоторых из них. Если вам требуется помощь, звоните в Центр обслуживания клиентов по номеру, указанному на вашей идентификационной карте, или по номеру 1-888-802-7001 (линия TTY: 711).

Spanish
Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llame al Centro de Comunicación con el Cliente al número que se encuentra en su tarjeta de identificación o llame al 1-888-802-7001 (TTY: 711).

Tagalog
Mga Walang Bayad na Serbisyo sa Wika. Maaari kayong kumuha ng tagasaling-wika (interpreter). Maaaring basahin sa inyo ang mga dokumento at ipadala sa inyo ang ilan nang nakasalin sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numero sa inyong ID card o tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian
Безкоштовні послуги перекладу. Ви можете скористатися послугами перекладача.
Вам можуть прочитати документи на українській мові та надіслати переклади деяких із них. Якщо вам потрібна допомога, телефонуйте у Центр обслуговування клієнтів за номером, вказаним на вашій ідентифікаційній карті, або за номером 1-888-802-7001 (лінія TTY: 711).

Vietnamese
Dịch vụ ngôn ngữ miễn phí. Quý vị có thể yêu cầu phiên dịch viên. Quý vị có thể yêu cầu đọc các tài liệu và gửi một số tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi đến Trung tâm Liên lạc Hội viên theo số điện thoại trên thẻ nhận dạng của quý vị hoặc gọi đến số 1-888-802-7001 (TTY: 711).

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Your health is priceless.
We're here to help protect it!

Questions? We're here with answers.

Call Customer Contact Center at 888-802-7001
Monday through Friday, 8:00 a.m. to 5:00 p.m.

Assistance for the hearing and speech impaired:
Monday through Friday, 8:00 a.m. to 5:00 p.m.
TTY users call 711.

Visit us online at www.healthnetoregon.com/member

Mail Health Net Health Plan of Oregon, Inc.
13221 SW 68th Pkwy. Ste. 315
Tigard, OR 97223

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