

Nondiscrimination Notice

Health Net¹ 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:

Cal MediConnect: Los Angeles County: 1-855-464-3571/**San Diego County:** 1-855-464-3572 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. At other times – including Saturday, Sunday and federal holidays – you can leave a voicemail. We will return your call the following business day. The call is free.

Medi-Cal: 1-800-675-6110 (TTY: 711)

Medicare Advantage: 1-800-275-4737 (TTY: 711) HMO SNP: 1-800-431-9007 (TTY: 711), 8:00 a.m. to 8:00 p.m., Pacific time, seven days a week.

Group Plans through Health Net: 1-800-522-0088 (TTY: 711)

Individual & Family Plans (IFP) On Exchange/Covered California: 1-888-926-4988 (TTY: 711)

IFP Off Exchange: 1-800-839-2172 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way, 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.

Coverage through Health Net of California, Inc.: If you are not satisfied with Health Net's decision or it has been more than 30 days since you filed the complaint, you may submit a complaint form to the Department of Managed Health Care (DMHC). The form is available at www.dmhc.ca.gov/FileaComplaint.

Coverage through Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at https://www.insurance.ca.gov/O1-consumers/101-help/index.cfm.

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, 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) if there is a concern of discrimination based on race, color, national origin, age, disability, or sex.

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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¹Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you at any phone number listed above.

注意:如果您使用中文,您可以免費獲得語言援助服務。請致電以上所列的任何電話號碼。 सावधान: अगर् आपकी मातृभाषा हिन्दी है और आप हिन्दी भाषाकी सहायता लेना चहते हैं तो उपर दिए नम्बर, किसभी फोन पर मुफ्त् मे उपलब्ध है।

CEEB TOOM: Yog koj hais Lus Hmoob, muaj cov kev pab txhais lus, pub dawb, rau koj ntawm txhua tus xov tooj teev muaj saum no.

注意事項:日本語を話される場合、上記のいずれの電話番号にお電話いただいても、無料の言語 支援サービスをご利用いただけます。

알림: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 위에 기재된 모든 전화번호로 문의하십시오.

ចំណាប់អារម្មណ៍ៈ បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺមានសំរាប់អ្នក តាមលេខទូរស័ព្ទណាមួយ ដែលចុះរាយនៅខាងលើ។

BAA' 'ÁKONÍNÍZIN: Diné bizaad bee yániłti'go, saad bee 'áka'e'eyeed bee 'áka'anída'awo'ígíí, t'áá jíík'eh, t'áá haíshíí hoyahgo béésh bee hane'í dabiká'ígíí bee ná'ahoot'i'.

ਸੁਚੇਤ : ਅਗਰ ਤੁਹਾਡੀ ਮਾਤ੍ਰ ਭਾਸਾ਼ ਪੰਜਾਬੀ ਹੈ ਤਾ ਤੁਹਾਡੇ ਲਈ ਭਾਸਾ਼ ਸਹਾਇਕ ਸੇਵਾ ਉਪਰ ਲਿਖੇ ਫੋਨ ਨੰਬਰ ਤੇ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در هر یک از شماره تلفن های فوق الذکر در اختیار شما می باشد. ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по указанному выше номеру телефона.

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición si llama al número indicado arriba.

PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyo ng tulong sa wika sa pamamagitan ng anumang numero ng teleponong nakalista sa itaas.

โปรดหราบ: ถ้าคุณพูดภาษาไทย, คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้ฟรี จาก หมายเลขโทรศัพท์ที่ลิสต์อยู่ข้างบน.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn tại bất kỳ số điện thoại nào được liệt kê bên trên.