

## Nondiscrimination Notice

Health Net<sup>1</sup> 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](http://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/01-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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