

**MFOW WELFARE FUND**  
**240 2ND STREET**  
**SAN FRANCISCO CA 94105**

**AUGUST 2025**

**TO: ALL PLAN PARTICIPANTS COVERED UNDER THE PHS REPLACEMENT PROGRAM HMO AND PPO MEDICAL AND PRESCRIPTION DRUG PLANS**

**RE: IMPORTANT NOTICE REGARDING YOUR HEALTH CARE COVERAGE ANNUAL SUMMARY OF BENEFITS COVERAGE FORM**

Attached is a copy of the most recent Summary of Benefits Coverage Form outlining the Medical and Prescription Drug Plan benefits in which you are currently enrolled through the MFOW Welfare Benefit Plan and notices prepared by various providers highlighting some of the benefit changes for the year. The summary of changes outlined below, together with the enclosed Summary of Benefits Coverage Forms, constitute the “summary of material modifications” of the benefits provided under the medical plan options described in the Forms. Please keep this summary with your copy of the Summary Plan Description and your Evidence of Coverage.

If you wish to review the Summary of Benefits Coverage Forms for any of the other HMO/PPO plans and/or wish to make a change to one of the other HMO plans available to you, please contact the Welfare Fund Office (415) 986-1028 (240 Second Street, San Francisco, CA 94105). You have until September 30, 2025 to make any changes to your plan selection for an October 1, 2025 effective date. The following is a summary of the major Plan clarifications or changes (note that all benefits are subject to the terms of the plan document and applicable group insurance policy and Evidence of Coverage):

**Kaiser Northern and Southern California: Effective October 1, 2025, benefit changes and contract clarifications will be effective on the renewal date.**

1. Kaiser will implement coverage for doula services for pregnant women and develop a maternal and infant care services plan.
2. Coverage will be added for in vitro fertilization (IVF) in conjunction with Senate Bill 729. The Department of Managed Care is currently approving Kaiser’s proposed benefits but we have been advised that coverage will include the following services:
  - Services required to diagnose infertility, including laboratory and imaging services
  - Services to treat infertility, including medications, artificial insemination, and in vitro fertilization

Applicable cycle and/or benefit maximums are pending regulatory approval.

Members will have the same cost share for fertility services (such as imaging or lab tests) as they do when they receive those services for other conditions. Deductibles, copayments, and coinsurance for

fertility services will be applied to any out-of-pocket maximums for their benefit plan. Contact Member Services at [kp.org/supportcenter](http://kp.org/supportcenter) or 1-800-464-4000 if you have any questions.

3. Medications prescribed strictly for the purpose of weight loss are generally excluded with one exception. These medications will be covered in the case of an individual who is morbidly obese.

You should refer to your 2025 Benefit Booklet for a complete list of your plan benefits and coverage provisions.

#### **IMPORTANT NOTE TO KAISER EMPLOYEES RESIDING IN NORTHERN CALIFORNIA**

You will be receiving a new Kaiser identification card in the mail which you should begin using at Northern California facilities starting October 1, 2025. When you receive your new Kaiser ID card, please destroy your current Kaiser card as the group number for your medical plan has changed from 102126 to 608193. Your medical record number will not change, and your Kaiser benefits will remain the same. If you happen to be in Southern California and need care, you will be able to use your new ID card as a visiting member. Please contact the Welfare Fund Office if you have any questions.

**Kaiser Hawaii: Effective October 1, 2025**, there are no contract changes for the medical and drug plans however the following two clarifications apply:

1. ***Maternity care postpartum visits.*** Clarify that additional postpartum visits for maternity care are covered when medically necessary.
2. ***Physical, Occupational and Speech Therapy.*** Clarify that therapy services for developmental delay are covered when medically necessary.

For details on your coverage, please refer to your Kaiser Permanente Hawaii's Guide to Your Health Plan that can be obtained from the Plan Office or Kaiser.

Note: the Kaiser Hawaii Dental plan will be terminated October 1, 2025 and replaced with a Blue Shield PPO dental plan. Further details will follow in a separate notice to be mailed in September 2025.

**Kaiser Washington: Effective October 1, 2025**, there are no substantial benefit changes nor contract clarifications effective on the renewal date.

You should refer to your 2025 Benefit Booklet for a complete list of your plan benefits and coverage provisions.

**Kaiser – Oregon Plan: Effective October 1, 2025** there are no substantial benefit changes nor contract clarifications effective on the renewal date.

You should refer to your 2025 Benefit Booklet for a complete list of your plan benefits and coverage provisions.

**Health Net HMO and PPO Plans:** There will be several plan changes effective October 1, 2025.

1. HealthNet will implement coverage for doula services for pregnant women and develop a maternal and infant care services plan.
2. Coverage will be added for in vitro fertilization (IVF) in conjunction with Senate Bill 729.
  - Services required to diagnose infertility, including laboratory and imaging services
  - Services to treat infertility, including medications, artificial insemination, and in vitro fertilization

Applicable cycle and/or benefit maximums are pending regulatory approval.

Members will have the same cost share for fertility services (such as imaging or lab tests) as they do when they receive those services for other conditions. Deductibles, copayments, and coinsurance for fertility services will be applied to any out-of-pocket maximums for their benefit plan.

### **Health Net PPO Plan Only**

1. Coverage for self-injectable drugs will be provided under the Pharmacy benefit. Currently members pay a 30% coinsurance under the medical plan; there will be the same 30% coinsurance but each fill will be limited to a \$250 maximum copayment.
2. The calendar year out-of-pocket maximum of \$2,000 per individual currently applies to medical expenses only. Effective with the October 1, 2025 renewal, prescription drug out-of-pocket expenses for covered drugs will be added to the \$2,000 maximum out of pocket amount.

You should refer to your 2025 Benefit Booklet for a complete list of your plan benefits and coverage provisions.

### **Grandfathered Group Health Plans**

The MFWO Welfare Fund's Board of Trustees has concluded that the HMOs are "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). The HealthNet PPO plan, however, is a non-grandfathered plan. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of certain lifetime limits on benefits.

Although it is a "grandfathered health plan", you should know that the Plan provides health coverage/benefits beyond the "basic" level of benefits and has long maintained many consumer protections now required under the Affordable Care Act. For example, the Plan has always prohibited rescissions of coverage due to a member's health condition as well as exclusions for pre-existing conditions for children and adults. There is also no "waiting period" for benefit eligibility once a member attains initial coverage based on required work hours. Nor does the Plan discriminate in favor of certain members based on compensation, age, gender, or health status.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (415) 986-1028. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.healthnet.com](http://www.healthnet.com) or call 1-800-522-0088. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or [www.healthnet.com](http://www.healthnet.com) or you can call 1-800-522-0088 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall <a href="#">deductible</a> ?	\$0.	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	There is no <a href="#">deductible</a> .	There is no <a href="#">deductible</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<u>Medical limit:</u> \$1,500 member/\$4,500 family per calendar year.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , prescription drug costs and healthcare this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. For a list of <b>preferred providers</b> , see <a href="http://www.healthnet.com/providersearch">www.healthnet.com/providersearch</a> or call 1-800-522-0088.	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes. Requires written <a href="#">prior authorization</a> .	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay In-Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	No charge	Not covered	None
	<a href="#">Specialist</a> visit	No charge	Not covered	Requires <a href="#">prior authorization</a> .
	<a href="#">Preventive care/screening/immunization</a>	No charge for covered services	Not covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge	Not covered	Requires referral.
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Requires <a href="#">prior authorization</a> .
If you need drugs to treat your illness or condition.  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.healthnet.com">www.healthnet.com</a>	Generic drugs (Tier 1)	\$3 <a href="#">copay</a> /retail order \$6 <a href="#">copay</a> /mail order	Not covered	Supply/order: up to 30 day (retail); 35-90 day (mail), except where quantity limits apply. Prior Authorization is required for select drugs. If you buy a brand name drug that has a generic equivalent, you pay the difference in cost between the brand name and generic drug plus copay or coinsurance for the generic.
	Preferred brand drugs (Tier 2)	\$5 <a href="#">copay</a> /retail order \$10 <a href="#">copay</a> /mail order	Not covered	
	Non-preferred brand drugs (Tier 3)	Prior authorization required \$3 <a href="#">copay</a> generic; \$5 <a href="#">copay</a> brand/retail order \$6 <a href="#">copay</a> generic; \$10 <a href="#">copay</a> brand/mail order	Not covered	
	<a href="#">Specialty drugs</a>	All <a href="#">specialty drugs</a> are subject to the applicable drug <a href="#">copay</a> shown above; No charge for self-injectables	Not covered	Prior Authorization is required for select drugs. Quantity limits may apply to select drugs. Supply/order: up to a 30 days supply filled by specialty pharmacy. Refer to the recommended drug list for drugs considered specialty.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.healthnet.com](http://www.healthnet.com).

Common Medical Event	Services You May Need	What You Will Pay In-Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Hospital/ASC-No charge Services other than surgery-No charge	Not covered	Requires <a href="#">prior authorization</a> .
	Physician/surgeon fees	No charge	Not covered	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	Medical, mental health & substance use disorders-\$35 <a href="#">copay</a> /visit	Covered at In-Network cost-share for emergencies only	<a href="#">Copay</a> waived if admitted into the hospital.
	<a href="#">Emergency medical transportation</a>	Medical, mental health & substance use disorders-No charge		None
	<a href="#">Urgent care</a>	Medical, mental health & substance use disorders-No charge		None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Requires <a href="#">prior authorization</a> .
	Physician/surgeon fees	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office-No charge Other than office-No charge	Not covered	Requires <a href="#">prior authorization</a> except for office visits.
	Inpatient services	No charge	Not covered	Requires <a href="#">prior authorization</a> .
If you are pregnant	Office visits	Prenatal/Postnatal-No charge	Not covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .
	Childbirth/delivery professional services	No charge	Not covered	None
	Childbirth/delivery facility services	No charge	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay In-Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	\$10 <a href="#">copay</a> /visit	Not covered	<a href="#">Copay</a> is required on and after the 31 <sup>st</sup> calendar day of the treatment plan. Requires <a href="#">prior authorization</a> .
	<a href="#">Rehabilitation services</a>	No charge	Not covered	Requires <a href="#">prior authorization</a> .
	<a href="#">Habilitation services</a>	No charge	Not covered	
	<a href="#">Skilled nursing center</a>	No charge	Not covered	Limited to 100 days per calendar year. Requires <a href="#">prior authorization</a> .
	<a href="#">Durable medical equipment</a>	No charge	Not covered	Corrective footwear is not covered. Requires <a href="#">prior authorization</a> .
	<a href="#">Hospice services</a>	No charge	Not covered	Requires <a href="#">prior authorization</a> .
If your child needs dental or eye care	Children's eye exam	PCP/Specialist-No charge	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

### Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Chiropractic care</li> <li>Cosmetic surgery</li> <li>Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing</li> <li>Routine foot care</li> <li>Weight loss programs</li> </ul>
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

<ul style="list-style-type: none"> <li>Abortion-termination of pregnancy and related services are covered in full.</li> </ul>	<ul style="list-style-type: none"> <li>Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>Infertility treatment</li> <li>Routine eye care (Adult)</li> </ul>
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## Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

## Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Health Net's Customer Contact Center at 1-800-522-0088, submit a grievance form through [www.healthnet.com](http://www.healthnet.com), or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). If you have a grievance against Health Net, you can also contact the California Department of Managed Health Care at 1-888-466-2219 or TDD line 1-877-688-9891 for the hearing and speech impaired or [www.dmhca.ca.gov](http://www.dmhca.ca.gov). Additionally, a consumer assistance program can help you file your appeal. Contact the California Department of Managed Health Care at the contact information provided above.

## Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

## Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-522-0088.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-522-0088.

Health Net believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime dollar limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at your Group or to Health Net's Customer Contact Center at the phone number on the back of your Health Net ID Card. If you are enrolled in an employer plan that is subject to ERISA, 29 U.S.C. 1001 et seq., you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$0
- Hospital (facility) [copayment](#) \$0
- Other [copayment](#) \$0

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$10
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$70</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$0
- Hospital (facility) [copayment](#) \$0
- Other [copayment](#) \$0

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$220</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$0
- Hospital (facility) [copayment](#) \$0
- Other [copayment](#) \$0

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$40
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$40</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Health Net complies with applicable State and Federal civil rights laws and does not discriminate, exclude people or treat them differently because of race, color, national origin, age, mental disability, physical disability, sex (including pregnancy, sexual orientation, and gender identity), religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender.

**Health Net:**

- Provides free aids and services to people with disabilities to help them communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Health Net Customer Contact Center at  
**Individual & Family Plan (IFP) Members On Exchange/Covered California**  
1-888-926-4988 (TTY: 711)

**Individual & Family Plan (IFP) Members Off Exchange** 1-800-839-2172 (TTY: 711)

**Individual & Family Plan (IFP) Applicants** 1-877-609-8711 (TTY: 711)

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

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call one of the phone numbers above or write to:

Health Net

Post Office Box 9103, Van Nuys, California 91409-9103

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, or sex (including pregnancy, sexual orientation, and gender identity), mental disability, physical disability, religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender you can file a grievance with the 1557 Coordinator.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

- By phone: Call 855-577-8234 (TTY: 711)
- By fax: 1-866-388-1769