



PO Box 989883, West Sacramento, CA 95798-9883

ELECTRONIC SERVICE REQUESTED

90703

[MEMBERS NAME]

[MEMBERS MAILING ADDRESS]

[MEMBERS CITY STATE ZIP + 4]

IFP Ambetter PPO network

Member ID# [R/Uxxxxxxxxx]

Effective date with PCP [MM/DD/YYYY]

Primary Care Physician Information

[PCP ID]
[PCP NAME]
[PCP Street Address]
[PCP City, State Zip]
[PCP Phone number]



Member name [FIRST MI LAST NAME]
Subscriber [FIRST LAST NAME]
Effective date [MM/DD/YYYY]
Plan [XXX] Including Metallic Level and Actuarial Number

Health Net of California, Inc.

(Copays may apply after deductible)

PCP Visit \$XX **Specialist Visit** \$XX **ER** \$XXX **Urgent Care** \$XX **Teladoc** \$XX

(Deductibles may apply)

RX Deductible

Deductible

Out of Pocket Max

Individual/Family (In Network)

\$X,XXX/\$X,XXX

\$X,XXX/\$X,XXX

\$X,XXX/\$X,XXX

Individual/Family (Out of Network)

N/A

\$X,XXX/\$X,XXX

\$X,XXX/\$X,XXX

In an emergency, call 911 or go to the nearest emergency care center



IFP Ambetter PPO network

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\$X,XXX/\$X,XXX

\$X,XXX/\$X,XXX

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\$X,XXX/\$X,XXX

\$X,XXX/\$X,XXX

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Your Health Net ID card

Attached is your new Health Net member identification card. Please discard any old identification cards you may have from Health Net. If there is an error on this card, or you need to verify eligibility for benefits, please call us at 1-844-463-8188 (TTY: 711). Please see your Policy for full plan details.

Your primary care physician

You have selected or have been assigned the primary care physician (PCP) listed on your card. To receive the highest level of coverage, please make sure you choose providers (hospitals, doctors, etc.) that are in our Ambetter PPO provider network. You can see your PCP first, or you can go to any provider in the Ambetter PPO provider network. You don't need a referral, if your situation is an emergency, call 911 or go to the nearest hospital or emergency care facility. Want to change your PCP? You can:

- Go to www.myhealthnetca.com to find a doctor in the Ambetter PPO provider network.
- Call 1-844-463-8188 (TTY: 711), Monday through Friday, 8:00 a.m. to 6:00 p.m.

Teladoc 24/7 Video Doctor Visits

Teladoc gives you 24/7 access to U.S. board-certified doctors. You can access them with ease - either through the web, your phone or through the Teladoc app. Get the care you need in minutes from the comfort of home or at work. Or, get care even while traveling!

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You may receive services on an in-person basis or via telehealth, if available, from your primary care provider, a treating specialist or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with the service and existing fineness and geographic access standards required under California law. Any cost share for services received through Teladoc Health (Teladoc) will accrue toward your out-of-pocket maximum and deductible (if your plan has a deductible). By scheduling through Teladoc, you consent to receive services via telehealth through Teladoc. See your health plan coverage document for coverage information and for the definition of telehealth services. You have a right to access your medical records for services received through Teladoc. Unless you choose otherwise, any services provided through Teladoc shall be shared with your primary care provider.

www.myhealthnetca.com
Customer Contact Center
Mental Health Benefits
24-hour Nurse Advice
Virtual Doctor Visits

1-844-463-8188
1-800-977-7534
1-800-893-5597
www.Teladoc.com

Prior Authorization

You are responsible for obtaining prior authorization before certain services. Prior Authorization doesn't constitute eligibility for benefits and coverage, which are subject to eligibility rules and benefit limitations under the plan. For prior authorization, call 1-800-977-7282

Pharmacy Help Desk 1-800-600-0180
RxBIN: 004336 RxPCN: ADV RxGRP: RX5466
Processor: **Caremark Pharmacy Claims**
Health Net Commercial Claims
Payer ID 68069 PO Box 9040, Farmington, MO 63640-9040
Inpatient Admissions 1-800-995-7890
Providers Contact Center 1-877-857-0701
Mental Health Claims - MHN
Payer ID 22771 PO Box 14621, Lexington, KY 40512-4621



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