2017 Summary *of* Benefits

Health Net Amber (HMO SNP)

Maricopa County, AZ

H0351-029

Health Net®
MEDICARE PROGRAMS

Benefits effective January 1, 2017
Health Net of Arizona, Inc.

H0351_2017_0259 CMS Accepted 09112016

This booklet provides you with a summary of what we cover and your cost-sharing. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page, and ask for the "Evidence of Coverage"(EOC), or you may access the EOC on our website at www.healthnet.com/medicare.

You are eligible to enroll in Health Net Amber (HMO SNP) if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

- You permanently reside in the service area of the plan (in other words, your permanent residence is within the Health Net Amber (HMO SNP) service area county). Our service area includes the following county in Arizona: Maricopa County.

- You do not have end-stage renal disease (ESRD). (Exceptions may apply for individuals who develop ESRD while enrolled in a Health Net commercial or group health plan, or a Medicaid plan.)

- For Health Net Amber (HMO SNP), you must also be enrolled in the Arizona Health Care Cost Containment System (AHCCCS). Premiums, copays, coinsurance, and deductibles may vary based on your Arizona Health Care Cost Containment System (AHCCCS) (Medicaid) eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Arizona for full-dual enrollees. Please contact the plan for further details.

The Health Net Amber (HMO SNP) plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current Provider Directory or, for an up-to-date list of network providers, visit www.healthnet.com/medicareplans. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Health Net will be responsible for the costs.)

You can see our plan’s provider directory at our website at www.healthnet.com/medicare.

This Health Net Amber (HMO SNP) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source.

SUMMARY OF BENEFITS

January 1, 2017 – December 31, 2017

Premiums and Benefits	Health Net Amber (HMO SNP)	What you should know
Monthly Plan Premium, including Part C and Part D premium.	$0-$35.10, depending on the level of "Extra Help" you receive.	You must continue to pay your Medicare Part B premium.
Deductible	$0 or $1,288 deductible, days 1 through 60 for Inpatient hospital coverage (which includes Inpatient mental health stays) per benefit period, depending on the level of Medicaid (AHCCCS) coverage you receive. This amount may change for 2017.	Deductible does not apply to all services. Once you have paid your deductible, we will begin to pay our share of the costs for covered medical services and you will pay your share (your copayment or coinsurance amount) for the rest of the benefit period.
Maximum Out-of-Pocket Responsibility ***(does not include prescription drugs)***	$6,700 annually	This is the most you pay in copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	In 2016 the amounts for each benefit period were $0 or: • $1,288 deductible for days 1 through 60 • $322 copay per day for days 61 through 90 • $644 copay per day for 60 lifetime reserve days These amounts may change for 2017.	Deductible applies. Our plan covers 90 days per benefit period for inpatient hospital stays. Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Doctor Visits	• Primary Care: 0% or 20% coinsurance per visit • Specialist: 0% or 20% coinsurance per visit	Some specialist services may require Prior Authorization (approval in advance) to be covered, except in an emergency.

Premiums and Benefits	Health Net Amber (HMO SNP)	What you should know
Preventive Care	$0 copay	Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency. For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. Cost-sharing may apply when other services are received in addition to the preventive service.
Emergency Care	0% or 20% coinsurance (up to $75) per visit	If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	0% or 20% coinsurance (up to $65) per visit	If you are immediately admitted to the hospital, you do not have to pay your share of the cost for urgently needed services.
Diagnostic Services/Labs/ Imaging	• Diagnostic radiology service (i.e., MRI, MRA, CT, PET): 0% or 20% coinsurance • Lab service: $0 copay • Diagnostic tests and/or procedure: 0% or 20% coinsurance • EKG: 0% or 20% coinsurance • Outpatient x-ray: 0% or 20% coinsurance • Therapeutic Radiological services (Radiation therapy): 0% or 20% coinsurance	Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.

Premiums and Benefits	Health Net Amber (HMO SNP)	What you should know
Hearing Services	• Hearing exam (Medicare-covered): 0% or 20% coinsurance per visit • Routine hearing services (non Medicare-covered): $0 copay per visit (1 every year) • Hearing aid: $0 copay	$1,000 benefit maximum for 2 hearing aids (for both ears combined) every 3 years. Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Dental Services	Dental services (Medicare-covered): 0% or 20% coinsurance per visit **Preventive dental services**: • Oral exam: $0 copay (up to 2 every year) • Cleaning: $0 copay (up to 2 every year) • Dental x-ray: $0 copay (up to 2 every year) • Fluoride treatment : $0 copay (up to 1 every year) **Comprehensive dental services:** • Non-routine services: 50% coinsurance • Diagnostic services: 0% coinsurance • Restorative services: 50% coinsurance • Endodontics/Periodontics/Extractions: 50% coinsurance • Prosthodontics/Other Oral/Maxillofacial surgery : 50% coinsurance	**Medicare-covered services**: Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency. $1,750 allowable per year, which applies to all Preventive and Comprehensive Dental Services.
Vision Services	• Vision exam to diagnose and treat diseases and conditions of the eye (Medicare-covered): 0% or 20% coinsurance per visit • Yearly Glaucoma screening (Medicare-covered): $0 copay • Eyeglasses or contact lenses after cataract surgery (Medicare-covered): $0 copay	Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.

Premiums and Benefits	Health Net Amber (HMO SNP)	What you should know
Mental Health Services	Outpatient: 0% or 20% coinsurance per visit Inpatient visits: In 2016 the amounts for each benefit period were $0 or: • $1,288 deductible for days 1 through 60 • $322 copay per day for days 61 through 90 • $644 copay per day for 60 lifetime reserve days These amounts may change for 2017.	Deductible applies to inpatient services. Our plan covers 90 days per benefit period for inpatient mental health stays. Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Skilled Nursing Facility	In 2016 the amounts for each benefit period were $0 or: • $0 copay per day, days 1 through 20 • $161 copay per day, days 21 through 100 These amounts may change for 2017.	Our plan covers up to 100 days in a SNF each benefit period. You pay all costs for each day after day 100 in the benefit period. Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Rehabilitation Services	Outpatient rehabilitation services: 0% or 20% coinsurance per visit	Covered services include: physical therapy, occupational therapy, and speech language therapy. Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.

Premiums and Benefits	Health Net Amber (HMO SNP)	What you should know
Ambulance	0% or 20% coinsurance	Cost is per one-way trip for Medicare-covered Ambulance services No charge for more than one trip in a single day. Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Transportation	Not covered	
Foot Care (podiatry services)	• Foot exams and treatment (Medicare-covered): 0% or 20% coinsurance per visit	Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Medical Equipment/Supplies	• Durable Medical Equipment (i.e., Wheelchairs, oxygen): 0% or 20% coinsurance • Prosthetics (i.e., braces, artificial limbs): 0% or 20% coinsurance • Diabetic supplies: $0 copay	Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Wellness Programs	$0 copay	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.
Medicare Part B Drugs	0% or 20% coinsurance for chemotherapy drugs 0% or 20% coinsurance for other Part B drugs	Prior Authorization (approval in advance) may be required to be covered, except in an emergency.

<table>
<tr><th colspan="4">Outpatient Prescription Drugs</th></tr>
<tr><td>Deductible Phase</td><td colspan="3">This plan does not have a deductible, so this payment phase does not apply to you.</td></tr>
<tr><td rowspan="8">Initial Coverage Phase
(After you pay your deductible, if applicable)

Cost-Sharing may change when you enter another phase of the Part D benefit. For more information about the costs for Long Term Supply, Home infusion or additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.</td><td colspan="3">After you have met your deductible (if applicable), the plan pays its share of the cost of your drugs and you pay your share of the cost.</td></tr>
<tr><td></td><td>Standard Retail Rx
30-day supply</td><td>Mail Order
90-day supply</td></tr>
<tr><td>Tier 1: Preferred Generic</td><td>$0 copay</td><td>$0 copay</td></tr>
<tr><td>Tier 2: Generic</td><td colspan="2">Includes generic drugs:
• $0 copay; or
• $1.20 copay; or
• $3.30 copay
For all other drugs, either:
• $0 copay; or
• $3.70 copay; or
• $8.25 copay</td></tr>
<tr><td>Tier 3: Preferred Brand</td><td colspan="2">Includes preferred brand drugs and may include some generic drugs:
• $0 copay; or
• $1.20 copay; or
• $3.30 copay
For all other drugs, either:
• $0 copay; or
• $3.70 copay; or
• $8.25 copay</td></tr>
<tr><td>Tier 4: Non-Preferred Brand</td><td colspan="2">Includes non-preferred brand drugs and may include some generic drugs:
• $0 copay; or
• $1.20 copay; or
• $3.30 copay
For all other drugs, either:
• $0 copay; or
• $3.70 copay; or
• $8.25 copay</td></tr>
<tr><td>Tier 5: Specialty Tier</td><td colspan="2">Includes high cost drugs:
• $0 copay; or
• $1.20 copay; or
• $3.30 copay
For all other drugs, either:
• $0 copay; or
• $3.70 copay; or
• $8.25 copay</td></tr>
<tr><td>Tier 6: Select Care Drugs</td><td>$0 copay</td><td>$0 copay</td></tr>
</table>

Outpatient Prescription Drugs	
Coverage Gap Phase	If you qualify for extra help this phase doesn't apply. If you are not eligible for Extra Help, call the plan or refer to the Evidence of Coverage, Chapter 6, for outpatient prescription drug cost-sharing information.
Catastrophic Phase	When you reach the out-of-pocket limit of $4,950 for your prescription drugs, the Catastrophic Coverage Phase begins. You will stay in the Catastrophic Coverage Phase until the end of the calendar year. During this phase, the plan will pay most of the cost for your covered Medicare drugs.
Important Info:	Premium, co-pays, co-insurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. If you qualify for "Extra Help" with your prescription drug costs, the "Extra Help" program will pay all or part of your monthly plan premium and your prescription drug deductibles and copays/coinsurance. If you are not eligible for Extra Help, refer to the Evidence of Coverage, Chapter 6, for outpatient prescription drug cost-sharing information. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.healthnet.com/medicare. You can see our plan's pharmacy directory at our website at www.healthnet.com/medicare.

Additional Covered Benefits		
Premiums and Benefits	**Health Net Amber (HMO SNP)**	**What you should know**
Outpatient services/surgery (ambulatory care)	0% or 20% coinsurance per visit	Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Outpatient services/surgery (hospital care)	0% or 20% coinsurance per visit	Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Chiropractic Care	0% or 20% coinsurance per visit	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). Some services may require Prior Authorization (approval in advance) to be covered, except in an emergency.
Worldwide Emergency/Urgent Coverage	$0 copay	$50,000 plan coverage limit for supplemental Worldwide Emergency/Urgent Coverage outside the U.S. and its territories every year.

Medicare Advantage Special Needs Plan for the Dual Eligible/Arizona Health Care Cost Containment System

In order for you to better understand your health care options, the following chart notes your charge for certain services under the Arizona Health Care Cost Containment System (AHCCCS) as an individual who has both Medicare and Medicaid.

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility.

- Qualified Medicare Beneficiary - (QMB) – $0, your Medicare cost sharing will be paid by your Medicaid Health Plan unless otherwise noted below.
- Non-QMB with Medicare Parts A and B – your Medicare cost sharing will be paid by your Medicaid Health Plan only when the benefit is also covered by Medicaid.

Benefit Category	***Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:***	***Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible – You Pay:***	***Medicare Advantage Special Needs Plan – Dual Eligible Health Net Amber (HMO SNP)***
ACUTE AND LONG TERM CARE MEDICAID			
Inpatient Hospital Visit	$0 copay	$0 copay	In 2016 the amounts for each benefit period were $0 or: • $1,288 deductible for days 1 through 60 • $322 copay per day for days 61 through 90 • $644 copay per day for 60 lifetime reserve days These amounts may change for 2017.

Benefit Category	*Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:*	*Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible – You Pay:*	*Medicare Advantage Special Needs Plan – Dual Eligible Health Net Amber (HMO SNP)*
Inpatient Mental Health Care	$0 copay	$0 copay	In 2016 the amounts for each benefit period were $0 or: • $1,288 deductible for days 1 through 60 • $322 copay per day for days 61 through 90 • $644 copay per day for 60 lifetime reserve days These amounts may change for 2017.
Skilled Nursing Facility Services	$0 copay	$0 copay	Plan covers up to 100 days each benefit period. You pay all costs for each day after day 100 in the benefit period. No prior hospital stay is required. In 2016 the amounts for each benefit period were $0 or: • $0 copay per day, days1 through 20 • $161 copay per day, days 21 through 100 These amounts may change for 2017.
Home Health Care Visits	$0 copay	$0 copay	$0 copay

Benefit Category	*Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:*	*Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible – You Pay:*	*Medicare Advantage Special Needs Plan – Dual Eligible Health Net Amber (HMO SNP)*
Primary Care Physician Visit	$0 copay	$0 copay for well visits and $0 copay to $4 copay for other visits depending on eligibility for age 21 and over* $0 for age 20 and under.	0% or 20% coinsurance per visit
Specialist Visit	$0 copay	$0 copay for well visits and $0 copay to $4 copay for other visits depending on eligibility for age 21 and over $0 copay for age 20 and under.	0% or 20% coinsurance per visit
Medicare-Covered Chiropractic Care Visit	$0 copay	$0 copay for age 20 and under. *Not covered for people age 21 and over.*	0% or 20% coinsurance per visit
Podiatry Services Visit	$0 copay	$0 copay for age 20 and under. *If furnished by a podiatrist (or other registered provider when included in an office visit) – not covered for people age 21and over through 9/30/16.* 10/1/16 and after $0 for all ages.	0% or 20% coinsurance per visit
Outpatient Mental Health Care Visit	$0 copay	$0 copay	0% or 20% coinsurance per visit
Outpatient Substance Abuse Care Visit	$0 copay	$0 copay	0% or 20% coinsurance per visit
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	$0 copay	$0 copay to $3 copay depending on eligibility for age 21 and over $0 copay for age 20 and under.	0% or 20% coinsurance per visit

	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	*Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible – You Pay:*	*Medicare Advantage Special Needs Plan – Dual Eligible Health Net Amber (HMO SNP)*
Ambulance Services	$0 copay	$0 copay	0% or 20% coinsurance per one-way trip. No charge for more than one trip in a single day.
Emergency Room Visit	$0 copay	$0 copay	0% or 20% coinsurance (up to $75) per visit. If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care.
Urgently Needed Care Visit	$0	$0 copay to $4 copay depending on eligibility *for age 21 and over. $0 for age 20 and under.	0% or 20% coinsurance (up to $65) per visit. If you are immediately admitted to the hospital, you do not have to pay your share of the cost for urgently needed care.
Outpatient Occupational/Physical/Speech Therapy Visit	$0 copay	$0 copay to $3 copay depending on eligibility * for age 21 and over. $0 copay for age 20 and under.	0% or 20% coinsurance per visit
Durable Medical Equipment	$0 copay	$0 copay	0% or 20% coinsurance
Prosthetic Devices	$0 copay	$0 copay. *Lower limb microprocessor controlled limb or joint not covered for people age 21 and over.*	0% or 20% coinsurance

Benefit Category	*Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:*	*Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible – You Pay:*	*Medicare Advantage Special Needs Plan – Dual Eligible Health Net Amber (HMO SNP)*
Diabetes Self-Management Training & Supplies (Provided as part of a PCP visit)	$0 copay	$0 copay	$0 copay
Diagnostic Tests, X-rays and Lab Services	$0 copay	$0 copay	0% or 20% coinsurance for Diagnostic Tests and X-rays. $0 copay for Lab Services.
Colorectal Screening	$0 copay	$0 copay	$0 copay
Flu & Pneumonia Vaccines	$0 copay	$0 copay	$0 copay
Screening Mammogram	$0 copay	$0 copay	$0 copay
Pap Smear & Pelvic Exam	$0 copay	$0 copay	$0 copay
Prostate Cancer Screening	$0 copay	$0 copay	$0 copay
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	$0 copay	$0 copay	0% or 20% coinsurance
Prescription Drugs	$0 copay	$0 copay to $2.30 copay depending on eligibility * for age 21 and over. $0 copay for age 20 and under.	**Initial Coverage:** Depending on the level of Extra Help you receive, your cost sharing for drugs covered under Medicare Part D will be: $0 copay or $1.20 copay; or up to an $8.25 copay in the Initial Coverage Phase. Please see Chapter 6 of the Evidence of Coverage for detailed cost sharing information.

Benefit Category	*Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:*	*Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible – You Pay:*	*Medicare Advantage Special Needs Plan – Dual Eligible Health Net Amber (HMO SNP)*
Hearing Exams, Routine Hearing Tests, Fitting Evaluations for a Hearing Aid & Hearing Aid	*Not covered for people age 21 and over*. $0 copay for age 20 and under.	$0 copay for age 20 and under. *Not covered for people age 21 and over.*	Hearing exam (Medicare-covered): 0% or 20% coinsurance Routine hearing services (non Medicare-covered): $0 copay Hearing aid: $0 copay for up to 2 hearing aids (for both ears combined) every 3 years. Plan pays up to $1,000 every 3 years for hearing aids.
Annual Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	*Not covered for people over age 21 unless following cataracts surgery*. $0 copay for age 20 and under.	$0 copay for age 20 and under. *Not covered for people age 21 and over.*	Vision exam to diagnose and treat diseases and conditions of the eye (Medicare-covered): 0% or 20% coinsurance per visit. Yearly Glaucoma screening (Medicare-covered): $0 copay Eyeglasses or contact lenses after cataract surgery (Medicare-covered): $0 copay
Transportation	$0 copay	$0 copay	Not covered
Important Information	* Refer to the AHCCCS Website for additional Co-Pay and Benefit related information. Occupational therapy not covered over age of 21; limitations on speech therapy over the age of 21		

Health Net complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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 1-800-977-7522 (TTY: 711), 8:00 a.m. to 8:00 p.m. Mountain time, seven days a week.

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/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.

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

For more information please contact

Health Net Amber (HMO SNP)
Post Office Box 10346
Van Nuys, CA 91410-0346

www.healthnet.com/medicare

Current members should call: 1-800-977-7522 (TTY: 711)
Prospective members should call: 1-800-333-3930 (TTY: 711)

From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. On weekends and certain holidays, your call will be handled by our automated phone system.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. **"Coinsurance"** is the percentage you pay of the total cost of certain medical services. You pay a coinsurance at the time you get the medical service.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our member services number at: 1-800-977-7522 (TTY: 711)

From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. On weekends and certain holidays, your call will be handled by our automated phone system.

Esta información está disponible en forma gratuita en otros idiomas. Llame a nuestro Departamento de Servicios al Afiliado al 1-800-977-7522 (TTY: 711). Desde el 1.º de octubre hasta el 14 de febrero, nuestro horario de atención es de 8:00 a. m. a 8:00 p. m., los 7 días a la semana, excepto ciertos días feriados. Sin embargo, luego del 14 de febrero, nuestro horario de atención es de 8:00 a. m. a 8:00 p. m., de lunes a viernes. Durante los fines de semana y ciertos días feriados, su llamada será atendida por nuestro sistema automático de teléfono.

Health Net of Arizona, Inc. has a contract with Medicare and the Arizona Health Care Cost Containment System (AHCCCS) to offer HMO SNP coordinated care plans. AHCCCS is the Medicaid plan in Arizona. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

BKT008615EK00 (9/16)

Multi-Language Insert

Multi-language Interpreter Services

English:
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Spanish:
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Chinese:
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)。

Tagalog:
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French:
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (ATS :711).

Vietnamese:
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

German:
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Korean:
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) 번으로 전화해 주십시오.

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Russian:
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

Arabic:
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (رقم هاتف الصم والبكم: 711).

Hindi:
ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) पर कॉल करें।

Italian:
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Portuguese:
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French Creole:
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Polish:
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Japanese:
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)まで、お電話にてご連絡ください。

Farsi:
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) بگیرید.

Armenian:
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY (հեռատիպ)՝ 711):

Cambodian:
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)។

Punjabi:
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Thai:
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Laotian:
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Serbo-Croatian:
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Ukranian:
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

Syriac:
ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܗܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܡܨܝܬܘܢ ܕܩܒܠܝܬܘܢ ܬܫܡܫܝܬܐ ܕܗܝܪܬܐ
ܒܠܫܢܐ ܡܓܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)

Hmong:
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Romanian:
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Amharic:
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (መስማት ለተሳናቸው: 711).

Navajo:
Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Cushite:
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711.)