

Your Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Your Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your Plan:

- 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 the Dental Customer Contact Center at:

In Arizona: 1-866-249-4435 (TTY: 711)

In California: 1-866-249-2382 (TTY: 711)

In Oregon/Washington: 1-877-410-0176 (TTY: 711)

If you believe that Your Plan, 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 below and telling them you need help filing a grievance; Your Plan's Customer Contact Center is available to help you.

In Arizona

Individual & Family Plans: 1-888-926-5057 (TTY: 711)

Small Business Health Options Program (SHOP) plans: 1-888-926-5122 (TTY: 711)

Small Business Group and Large Employer Group plans: 1-800-289-2818 (TTY: 711)

In California

California Marketplace (Covered California) plans: Individual & Family Plans (IFP) 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711)

Individual & Family Plans (IFP) or Group Plans through Health Net:
1-800-522-0088 (TTY: 711)

In Oregon/Washington

Individual & Family Plans (IFP), Small Business Group plans, and Large Employer Group plans: 1-888-802-7001 (TTY: 711)

You can also file a grievance by mail, fax or online at:

In Arizona	In California	In Oregon
Health Net Appeals & Grievances P.O. Box 277610 Sacramento, CA 95827 Fax: 1-800-977-6762 Online: healthnet.com	Health Net Life Insurance Company Appeals & Grievances P.O. Box 10348 Van Nuys, CA 91410-0348 Fax: 1-877-831-6019 Online: healthnet.com	Health Net Appeals & Grievances P.O. Box 10342 Van Nuys, CA 91410 Fax: 1-800-782-2352 Online: healthnet.com

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>.

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Your Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Your Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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If you need these services, contact the Dental Customer Contact Center at:

In California: 1-866-249-2382 (TTY: 711)

If you believe that Your Plan, 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 below and telling them you need help filing a grievance; Your Plan's Customer Contact Center is available to help you.

In California

California Marketplace (Covered California) plans: Individual & Family Plans

(IFP) 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711)

Individual & Family Plans (IFP) or Group Plans through Health Net:
1-800-522-0088 (TTY: 711)

You can also file a grievance by mail, fax or online at:
Health Net of California, Inc. Appeals & Grievances
P.O. Box 10348
Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: healthnet.com

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).

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