

## LARGE GROUP

# Plan Overview

10/250A (\$1,500 / \$3,000)

PLAN APPLIES TO THE FOLLOWING NETWORK: FULL NETWORK EOA

Benefit description	Member responsibility
<b>Plan maximums</b> Out-of-pocket maximum (combined with Rx)	HMO: \$1,500 Individual / \$3,000 Family PPO: \$3,500 Individual / \$7,000 Family
<b>Professional services</b> Office visit (PCP) <sup>1</sup>	HMO: \$10 PPO: \$30
Office visit (Specialist) <sup>1</sup>	HMO: \$30 PPO: \$30
Preventive care services <sup>1,2</sup>	\$0
Telehealth services through preferred vendor <sup>3</sup>	\$0
MinuteClinic <sup>1,2</sup>	\$10
X-ray and laboratory procedures <sup>1</sup>	OP \$0 / IP \$0
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	OP \$100 / IP \$0
Rehabilitation therapy	HMO: \$10 PPO: \$30 (limited to office only)
Self-injectables	Covered under the pharmacy benefit
<b>Hospital services</b> Inpatient care (includes maternity)	\$250 per admit
Outpatient services (other than surgery)	\$0
Outpatient surgery (hospital)	\$250
Outpatient surgery (ambulatory surgery center)	\$100
Skilled nursing facility (100 day maximum)	No charge (days 1–10) / \$25 per day (days 11–100)
<b>Emergency services</b> Emergency room facility (copayment waived if admitted)	\$100
Urgent care facility	\$30
Ambulance services (ground and air)	\$100
<b>Mental health and substance use disorder services<sup>4</sup></b> Outpatient consultation	\$10
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0
Inpatient (includes detoxification)	\$250 per admit
<b>Other services</b> Durable medical equipment <sup>1</sup>	\$0
Orthotics and prosthetics	\$0
Diabetic equipment	\$0
Acupuncture <sup>5</sup>	Optional rider available
Chiropractic services <sup>5</sup>	Optional rider available

(continued)

<sup>1</sup>Preventive care services for women include: female contraceptive services, devices and supplies, female family planning, female preventive sterilizations, screening for gestational diabetes, domestic violence, anxiety and HIV, breast feeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives and breastfeeding support.

<sup>2</sup>Preventive care: Includes annual preventive physical, preventive vision/hearing screenings, newborn and well-child care, well-woman exams, preventive lab, and X-ray services.

<sup>3</sup>Listed cost share is for services provided through preferred vendor; For all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>4</sup>All mental health and substance use disorder services are administered by MHN Services on behalf of Health Net. The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa and serious emotional disturbances of children (SED).

<sup>5</sup>Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the EOA plan shown above.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage. HMO, EOA and POS plans offered by Health Net of California, Inc. Managed Health Network, LLC (MHN) is a subsidiary of Health Net, LLC. The MHN family of companies includes Managed Health Network (CA) and MHN Services, LLC. Managed Health Network is a registered service mark of Managed Health Network, LLC. Health Net of California, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

# Health Net Pharmacy Benefits

**NO DEDUCTIBLE (\$10/\$30/\$50)**

**PLANS APPLY TO THE FOLLOWING NETWORK:  
FULL NETWORK EOA**



The following is a brief description of your Health Net Pharmacy benefits.

Benefits and coverage	Description	Copayment <sup>1</sup>
<b>Tier 1 – Generic</b>	Drugs listed on the Health Net Recommended Drug List (RDL) (primarily generic)	\$10
<b>Tier 2 – Brand, preferred</b>	Drugs and diabetic supplies (including insulin) listed on the Health Net RDL (primarily brand name)	\$30
<b>Tier 3 – Non-formulary</b>	Drugs not on the Health Net RDL	\$50
<b>Specialty Tier</b>	High-cost drugs used to treat complex medical conditions	30% (\$250 max)
<b>Deductible</b>	Brand Deductible	\$0
<b>Out-of-pocket maximum</b>	Per calendar year, combined with the Medical out-of-pocket maximum	



## Mail order convenience

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. Under this program, your copayments for up to a 90-day supply are:

Benefit level	Copayment <sup>1</sup>
<b>Tier 1 – Generic</b>	\$20
<b>Tier 2 – Brand, preferred</b>	\$75
<b>Tier 3 – Non-formulary</b>	\$125

## Generic substitutions

Generic drugs will be dispensed when a generic drug equivalent is available. Health Net will cover brand-name drugs that have generic equivalents only when the brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, subject to copayment requirements described in the member's Schedule of Benefits.

<sup>1</sup>Plans will cover most female prescription contraceptives at \$0 cost share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Recommended Drug List (RDL) for coverage, cost share and tier information.

**This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Evidence of Coverage for all terms and conditions of coverage.**

HMO, EOA and POS plans offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.

FLY044946EL00 (6/20)



For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > **My Pharmacy Benefits** > **Mail Order Pharmacy** or call Member Services at 1-800-676-6976.

## Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do 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 **1-800-522-0088 (TTY: 711)**

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, 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 file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or [Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at [www.dmhc.ca.gov/FileaComplaint](http://www.dmhc.ca.gov/FileaComplaint).

For PPO and EPO plans underwritten by 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>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, 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, 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>.

# Combined Acupuncture and Chiropractic Program

## QUALITY, AFFORDABLE COVERAGE THROUGH HEALTH NET AND ASH PLANS

Health Net has teamed up with American Specialty Health Plans of California, Inc. (ASH Plans) to offer quality, affordable acupuncture and chiropractic coverage.

Although you're always welcome to consult your primary care physician, you won't need a referral to see a participating acupuncturist and/or to see a participating chiropractor. With this program, you're free to obtain care by self-referring to a participating acupuncturist or chiropractor from our directory.



### Acupuncture care

#### WHAT'S COVERED

##### Office visit copayment<sup>1</sup>

**\$10** / up to **30** visits  
per visit per calendar year

(visit maximums are combined for acupuncture and chiropractic services).



Initial examination, subsequent office visits, re-examination

#### Covered conditions



- Musculoskeletal and related conditions, including conditions such as fibromyalgia and myofascial pain
- Pain, including low back pain, post-operative pain and post-operative dental pain
- Nausea, including adult post-operative nausea and vomiting, chemotherapy nausea and vomiting, and nausea of pregnancy
- Carpal tunnel syndrome
- Headaches
- Osteoarthritis and other arthritis pain
- Tennis elbow

(continued)

<sup>1</sup>Includes emergencies and urgent care visits and authorized referral visits to nonparticipating acupuncturists.

<sup>2</sup>Copayment is based on your plan coverage.

## Chiropractic Care

### WHAT'S COVERED

#### Office visit copayment<sup>1</sup>

**\$10**  
per visit / up to **30** visits  
per calendar year

(visit maximums are combined for acupuncture and chiropractic services).

**\$50**

#### annual chiropractic appliance allowance

purchase of medically necessary items such as:

- supports
- collars
- pillows
- heel lifts
- ice packs
- cushions
- orthotics
- rib belts
- home traction units

#### Covered conditions



- **Sprain/strain injuries to the spine and extremities:** muscular and ligamentous injuries, joint injuries, cartilaginous and meniscus injuries
- **Musculoskeletal and related conditions, including conditions such as:**
  - Fibromyalgia/myofascial pain
  - Extremity pain/bursitis/tennis elbow/carpal tunnel syndrome
- Intervertebral disc injuries/disorders
- **Degenerative joint diseases/arthritis:** osteoarthritis/osteoarthritis, degenerative disc disease, enthesopathies, etc.
- **Neurological conditions:** radicular symptoms, sciatic, cervical/lumbar radiculopathies, nerve plexus injuries, etc.
- **Inflammatory disorders:** tendonitis, synovitis, tenosynovitis, myositis, capsulitis, etc.
- Headaches
- **Entrapment/compressive syndromes:** carpal tunnel, tarsal tunnel, etc.
- Muscular spasms and myalgias
- Local pain syndromes

<sup>1</sup>Includes emergencies and urgent care visits, and authorized referral visits to nonparticipating chiropractors.

<sup>2</sup>Copayment is based on your plan coverage.

## Definition of Covered Services

### ACUPUNCTURE CARE

Medically necessary services provided by a participating acupuncturist (or a nonparticipating acupuncturist, when emergency acupuncture services are provided or a referral is approved by ASH Plans) for the following injuries, illnesses, diseases, functional disorders or conditions, when determined medically necessary.

All covered services require verification of medical necessity by ASH Plans except for:

- a. an initial examination by a participating acupuncturist and the provision or commencement, in the initial examination, of medically necessary services that are covered acupuncture services, to the extent consistent with professionally recognized standards of practice; and
- b. emergency acupuncture services<sup>1</sup>. When ASH Plans approves a treatment plan, the approved services for subsequent office visits covered by the treatment plan not only include the authorized services but also include a brief

re-evaluation in each subsequent office visit if deemed necessary by the participating acupuncturist, without additional approval by ASH Plans.

### CHIROPRACTIC CARE

Covered services provided by a participating chiropractor include the treatment of musculoskeletal and related disorders, or pain syndromes, when determined to be medically necessary. This is also true for nonparticipating chiropractors, when emergency or urgent care chiropractic services are provided, or a referral is approved by ASH Plans.

(continued)

## Acupuncture care

### WHAT'S NOT COVERED

Services or supplies excluded under the acupuncture care program may be covered under the medical benefits portion of your plan. Consult your plan's *Evidence of Coverage* for more information.

### LIMITATIONS AND EXCLUSIONS

- Devices, personal and comfort items
- Diagnostic scanning, MRI, CT scans or thermography
- Exams or treatment other than for musculoskeletal and related disorders, pain, nausea, or other covered conditions, as described under the definition of acupuncture services above
- Hypnotherapy, behavioral training, sleep therapy, weight programs, educational programs, self-help items or services, or physical exercise training
- Treatment or services not authorized by ASH Plans or delivered by an ASH Plans provider (except emergency acupuncture services or upon a referral to a nonparticipating provider approved by ASH Plans)

## Chiropractic care

### WHAT'S NOT COVERED

Services or supplies excluded under the chiropractic care program may be covered under the medical benefits portion of your plan. Consult your plan's *Evidence of Coverage* for more information.

### LIMITATIONS AND EXCLUSIONS

- Air conditioners, air purifiers, therapeutic mattresses, vitamins, minerals, nutritional supplements, durable medical equipment, appliances or comfort items
- Diagnostic scanning, MRI, CT scans or thermography
- Exams or treatment unrelated to Neuromusculoskeletal disorders
- Hypnotherapy, behavioral training, sleep therapy, weight programs, educational programs, nonmedical self-help or self-care, or any self-help physical exercise training
- Lab tests, X-rays, adjustments, or other services not chiropractically necessary or classified as experimental
- Pre-employment physicals or vocational rehabilitation arising from employment or covered under any public liability insurance
- Treatment for temporomandibular joint syndrome (TMJ)
- Treatment or services not authorized by ASH Plans or delivered by an ASH Plans provider (except emergency chiropractic services or upon a referral to a nonparticipating provider approved by ASH Plans)

### For additional information, please contact ASH Plans at 1-800-678-9133.

This is only a summary. Chiropractic and acupuncture services can be added to any of our HMO, ELECT Open Access or SELECT 3-Tier POS plans. Consult your plan's *Evidence of Coverage*, which you receive after you enroll, to determine the exact terms and conditions of your coverage.

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



## English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call **1-800-522-0088** (TTY: 711).

## Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) **1-800-522-0088**

## Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք **1-800-522-0088** (TTY: 711).

## Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 **1-800-522-0088** (TTY: 711)。

## Hindi

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या **1-800-522-0088** (TTY: 711)।

## Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu **1-800-522-0088** (TTY: 711).

## Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、**1-800-522-0088**、(TTY: 711)。

## Khmer

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន **1-800-522-0088** (TTY: 711)។

## Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 **1-800-522-0088** (TTY: 711).

## Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béésh bee hane'í bikáa' áají' hodíílnih éí doodaii' **1-800-522-0088** (TTY: 711).

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی **1-800-522-0088** (TTY: 711).

**Panjabi (Punjabi)**

ਬਨਿਾਂ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711)।

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

**Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

**Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

**Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

**Vietnamese**

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).