



2019 Drug List Negative Changes

Updated 10/28/2019

If you are taking a drug that is removed from the drug list, we will tell you. We will also tell you if we add any restrictions on a drug. We will tell you at least 60 days before we make these changes. This gives you time to talk to your doctor about what to do next.

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the drug list right away. We will also send you a letter telling you that.

The table below shows changes made to our 2019 drug lists. Your cost share depends on your coverage stage. Your Drug List tells you the tier that applies to each covered drug.

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|--------------------------------|---|--------------------------------|---------------------|--|
| 1/1/2019 | GLEOSTINE CAPS 5 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2019 | I PRIVASK SOLR | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2019 | ISTODAX SOLR | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2019 | ONDANSETRON HYDROCHLORIDE SOLN | Removed non-Part D eligible drug (not on NSDE) | ondansetron hcl | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2019 | PEG-INTRON REDIPEN PAK 4 KIT | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2019 | POTIGA TABS 300 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2019 | RITALIN LA CP24 60 MG | This drug was removed from the market. | methylphenidate hcl cp24 60 mg | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|--|---|--------------------------------------|---------------------|--|
| 1/1/2019 | SODIUM CHLORIDE SOLN IV 0.9 % | Removed non-Part D eligible drug (Unapproved drug other) | sodium chloride soln iv 0.9% | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | AMICAR TABS 500 MG | This drug was removed from the formulary. | aminocaproic acid tabs or 500 mg | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | ANDROGEL GEL 20.25 MG/1.25GM | This drug was removed from the formulary. | testosterone gel 20.25 mg/1.25gm | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | ANDROGEL GEL 40.5 MG/2.5GM | This drug was removed from the formulary. | testosterone gel 40.5 mg/2.5gm | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | ANDROGEL PUMP GEL | This drug was removed from the formulary. | testosterone gel 1.62 % | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | DEXTROSE | Removed non-part D eligible drug (not on NSDE) | Dextrose Inj 50% | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | DEXTROSE 50% | Removed non-part D eligible drug (not on NSDE) | Dextrose Inj 50% | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | FINACEA GEL 15% | This drug was removed from the formulary. | azelaic acid gel 15% | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | HYDROMORPHONE HYDROCHLORIDE SOLN 1 MG/ML | Removed non-part D eligible drug (not on NSDE) | Hydromorphone HCl Inj 1 MG/ML | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | MAGNESIUM SULFATE SOLN IJ 50 % | Removed non-part D eligible drug (not on NSDE) | magnesium sulfate SOLN IJ 50 % | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | MENOMUNE-A/C/Y/W-135 INJ | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | METHYLPHENIDATE HCL ER TBCR | This drug was removed from the market. | Methylphenidate HCl Tab SA OSM 18 MG | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | POTASSIUM CHLORIDE SOLN IV 2 MEQ/ML | Removed non-part D eligible drug (not on NSDE) | potassium chloride SOLN IV 2 MEQ/ML | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | PRALUENT SOSY 150 MG/ML | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|---|--|--|---------------------|--|
| 2/1/2019 | TESTOSTERONE CYPIONATE SOLN 200 MG/ML | Removed non-Part D eligible drug (Unapproved drug other) | testosterone cypionate soln 200 mg/ml | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | TRELSTAR SUSR | Removed non-Part D eligible drug (Expired marketing end date) | TRELSTAR MIXJECT | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2019 | ZYTIGA TAB 250MG | This drug was removed from the formulary. | abiraterone acetate tabs | Cal MediConnect | Contact your doctor for other options. |
| 3/1/2019 | OMEPRAZOLE DELAYED RELEASE TAB 20 MG | NDC's 00904583441, 00904583442, 00904583471 removed from formulary | Alternative NDCs | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | NORVIR | Removed non-Part D eligible drug (Expired marketing end date) | NORVIR tabs | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | PEGASYS PROCLICK | Removed non-Part D eligible drug (Expired marketing end date) | PEGASYS | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | triamcinolone acetonide | Removed non-Part D eligible drug (Expired marketing end date) | mometasone furoate Nasal Susp 50 MCG/ACT | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | CLINIMIX 2.75%/DEXTROSE 5% | Removed non-Part D eligible drug (Expired marketing end date) | CLINIMIX 4.25%/DEXTROSE 5% | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | FENOFIBRATE TABS 160 MG | Removed non-Part D eligible drug (Expired marketing end date) | TRIGLIDE TABS | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | amifostine SOLR | This drug was removed from the market. | N/A | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | guaifenesin-codeine LIQD 100MG/5ML-10MG/5ML | This drug was removed from the market. | guaifenesin-Codeine Soln 100-10 MG/5ML | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | TETANUS/DIPHTherI A TOXOIDS- ADSORBED SUSP | This drug was removed from the market. | TDVAX SUSP | Cal MediConnect | Contact your pharmacy for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|--|---|--|---------------------|--|
| 3/1/2019 | ketoprofen CAPS 50 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | triamterene & hydrochlorothiazide CAPS 50MG-25MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | ADVAIR DISKU AER 100/50 | This drug was removed from the formulary. | Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | ADVAIR DISKU AER 250/50 | This drug was removed from the formulary. | Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE | Cal MediConnect | Contact your pharmacy for other options. |
| 3/1/2019 | ADVAIR DISKU AER 500/50 | This drug was removed from the formulary. | Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE | Cal MediConnect | Contact your pharmacy for other options. |
| 4/1/2019 | ELIDEL CRE 1% | This drug was removed from the formulary. | Pimecrolimus Cream 1% | Cal MediConnect | Contact your pharmacy for other options. |
| 4/1/2019 | NUTRESTORE PACK | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your pharmacy for other options. |
| 4/1/2019 | PRALUENT SOSY 75 MG/ML | This drug was removed from the market. | N/A | Cal MediConnect | Contact your pharmacy for other options. |
| 4/1/2019 | REMODULIN INJ 10MG/ML | This drug was removed from the formulary. | Treprostinil Sodium Inj 10 MG/ML | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2019 | REMODULIN INJ 1MG/ML | This drug was removed from the formulary. | Treprostinil Sodium Inj 1 MG/ML | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2019 | REMODULIN INJ 2.5MG/ML | This drug was removed from the formulary. | Treprostinil Sodium Inj 2.5 MG/ML | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2019 | REMODULIN INJ 5MG/ML | This drug was removed from the formulary. | Treprostinil Sodium Inj 5 MG/ML | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2019 | FARESTON TAB 60MG | This drug was removed from the formulary. | Toremifene Citrate Tab 60 MG | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2019 | SABRIL TAB 500MG | This drug was removed from the formulary. | VIGABATRIN 500 MG tab | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2019 | ZOVIRAX 5% Cream | This drug was removed from the formulary. | Acyclovir Cream 5% | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2019 | RAPAMUNE SOL 1MG/ML | This drug was removed from the formulary. | Sirolimus Oral Soln 1 MG/ML | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|-----------------------------------|---|------------------------------|---------------------|--|
| 5/1/2019 | MUSTARGEN SOLR | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2019 | ASACOL HD TBEC | This drug was removed from the market. | MESALAMINE DR | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2019 | PEG-INTRON REDIPEN KIT | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2019 | hydromorphone hcl SOLN IJ 2 MG/ML | Removed non-Part D eligible drug (Unapproved drug other) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2019 | RANEXA TAB 500MG | This drug was removed from the formulary. | RANOLAZINE 500 MG | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2019 | RANEXA TAB 1000MG | This drug was removed from the formulary. | RANOLAZINE 1000 MG | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | TEKTURNA TAB 150MG | Removed non-Part D eligible drug (Expired marketing end date) | ALISKIREN 150 MG | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | TEKTURNA TAB 300MG | Removed non-Part D eligible drug (Expired marketing end date) | ALISKIREN 300 MG | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | RESCRIPTOR | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | LEVOLEUCOVORIN | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | DAKLINZA TABS 90 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | DIAZEPAM GEL RE 20 MG, 2.5 MG | This drug was removed from the market. | DIAZEPAM RECTAL GEL | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | EXJADE TAB 125MG | This drug was removed from the formulary. | DEFERASIROX 125 MG | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | EXJADE TAB 250MG | This drug was removed from the formulary. | DEFERASIROX 250 MG | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|-------------------------|--|-------------------------------|---------------------|--|
| 7/1/2019 | EXJADE TAB 500MG | This drug was removed from the formulary. | DEFERASIROX 500 MG | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | LETAIRIS TAB 5MG | This drug was removed from the formulary. | AMBRISENTAN TAB 5MG | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | LETAIRIS TAB 10MG | This drug was removed from the formulary. | AMBRISENTAN TAB 10MG | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | VALSTAR SOL 40MG/ML | This drug was removed from the formulary. | VALRUBICIN SOL 40MG/ML | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2019 | FASLODEX INJ 250/5ML | This drug was removed from the formulary. | FULVESTRANT INJ 250/5ML | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | KLARITY-A | Removed non-part D eligible drug (not on NSDE) | AZASITE | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | Ampicillin Cap 250 MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | POTIGA TABS 200 MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | POTIGA TABS 400 MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | POTIGA TABS 50 MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | SENSIPAR TAB 30MG | This drug was removed from the formulary. | Cinacalcet hydrochloride 30mg | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | SENSIPAR TAB 60MG | This drug was removed from the formulary. | Cinacalcet hydrochloride 60mg | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | SENSIPAR TAB 90MG | This drug was removed from the formulary. | Cinacalcet hydrochloride 90mg | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | TARCEVA TAB 25MG | This drug was removed from the formulary. | Erlotinib HCl Tab 25 MG | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | TARCEVA TAB 100MG | This drug was removed from the formulary. | Erlotinib HCl Tab 100 MG | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | TARCEVA TAB 150MG | This drug was removed from the formulary. | Erlotinib HCl Tab 150 MG | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | TRACLEER TAB 62.5MG | This drug was removed from the formulary. | Bosentan Tab 62.5 MG | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|---|---|---|---------------------|--|
| 8/1/2019 | TRACLEER TAB 125MG | This drug was removed from the formulary. | Bosentan Tab 125 MG | Cal MediConnect | Contact your doctor for other options. |
| 8/1/2019 | LOTEMAX SUS 0.5% | This drug was removed from the formulary. | Loteprednol Etabonate Ophth Susp 0.5% | Cal MediConnect | Contact your doctor for other options. |
| 9/1/2019 | ADAGEN INJ 250/ML | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 9/1/2019 | calcium carbonate (antacid) TABS 648 MG | This drug was removed from the market. | CALCIUM CARBONATE | Cal MediConnect | Contact your doctor for other options. |
| 9/1/2019 | GARDASIL SUSP | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | SUPRAX CAP 400MG | This drug was removed from the formulary. | CEFIXIME CAP 400MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | FIRAZYR INJ 30MG/3ML | This drug was removed from the formulary. | Icatibant Acetate Inj 30 MG/3ML (Base Equivalent) | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 25MG | This drug was removed from the formulary. | PREGABALIN 25 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 50MG | This drug was removed from the formulary. | PREGABALIN 50 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 75MG | This drug was removed from the formulary. | PREGABALIN 75 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 100MG | This drug was removed from the formulary. | PREGABALIN 100 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 150MG | This drug was removed from the formulary. | PREGABALIN 150 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 200MG | This drug was removed from the formulary. | PREGABALIN 200 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 225MG | This drug was removed from the formulary. | PREGABALIN 225 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA CAP 300MG | This drug was removed from the formulary. | PREGABALIN 300 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | LYRICA SOL 20MG/ML | This drug was removed from the formulary. | PREGABALIN 20 MG/ML | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | ROZEREM TAB 8MG | This drug was removed from the formulary. | RAMELTEON 8 MG | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|------------------------------------|---|--|---------------------|--|
| 10/1/2019 | CIPROFLOXACIN ER Tab 24HR 1000 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | CIPROFLOXACIN ER Tab 24HR 500 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | CLOZAPINE ODT 12.5 MG | Removed non-Part D eligible drug (Expired marketing end date) | FAZACLO | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | BRAFTOVI CAP 50MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | THEOCHRON Tab ER 12HR 200 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | THEOCHRON Tab ER 12HR 100 MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | Budesonide Nasal Susp 32 MCG/ACT | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | NAT-RUL PRENATAL VITAMINS TABS | This drug was removed from the market. | CLASSIC PRENATAL | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | FLUOXETINE HYDROCHLORIDE TABS 60mg | This drug was removed from the market. | Fluoxetine HCl Tab 60 MG | Cal MediConnect | Contact your doctor for other options. |
| 10/1/2019 | acetaminophen TBDP OR 80 MG | This drug was removed from the market. | MAPAP CHILD CHW 80MG | Cal MediConnect | Contact your doctor for other options. |
| 11/1/2019 | AMICAR SOL 0.25/ML | This drug was removed from the formulary. | AMINOCAPROIC SOL 0.25/ML | Cal MediConnect | Contact your doctor for other options. |
| 11/1/2019 | TRISENOX INJ 12MG/6ML | This drug was removed from the formulary. | Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML) | Cal MediConnect | Contact your doctor for other options. |
| 11/1/2019 | LANOXIN TAB 0.1875MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|---|---|------------------------------|---------------------|--|
| 11/1/2019 | ZERIT SOLR 1 MG/ML | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 11/1/2019 | nadolol & bendroflumethiazide TABS 80MG-5MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |

If you or your doctor disagrees with the change to your drug, you may request an exception. To request an exception, call us at the phone number in the table at the end of this notice. Your doctor must provide a statement to support your request. For details on asking for an exception, check the sections listed below in your Evidence of Coverage or Member Handbook.

| Plan Name | Section |
|--|----------------------|
| Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) | Chapter 9, section 6 |

If you don't agree with our decision, you may file a complaint with us. To file a complaint, call us at the phone number in the table that follows. You may also send your complaint to us in writing at the address or fax number listed for your plan.

| State | Plan | Address, Phone and Fax Number | Hours of Operation |
|------------|---------------------------------------|---|---|
| California | Cal MediConnect Los Angeles County | Health Net Appeals & Grievances PO Box 10422 Van Nuys, CA 91410-0422 1-855-464-3571 TTY: 711 Fax: 1-877-713-6189 | Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. |
| | Cal MediConnect San Diego County | Health Net Appeals & Grievances PO Box 10422 Van Nuys, CA 91410-0422 1-855-464-3572 TTY: 711 Fax: 1-877-713-6189 | |

Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 in Los Angeles County or 1-855-464-3572 in San Diego County (TTY: 711) from 8:00 a.m. to 8:00 p.m, Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

ATENCIÓN: Si usted habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-464-3571 en Los Angeles County y al 1-855-464-3572 en San Diego County (los usuarios de TTY deben llamar al 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Después del horario de atención, los fines de semana y los días feriados puede dejar un mensaje. Le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.

Health Net Cal MediConnect Nondiscrimination Notice

Health Net Community Solutions, Inc. (Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)) 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 Cal MediConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net Cal MediConnect:

- 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, audio, 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 Health Net Cal MediConnect Customer Contact Center at 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Health Net Cal MediConnect 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; the Health Net Cal MediConnect 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>.

Multi-Language Insert

Multi-language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Chinese Mandarin: 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 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

Chinese Cantonese: 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). पर कॉल करें।

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。1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (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 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակազմակերպչական ծառայություններ: Չանգահարեք 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

Laotian: ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາອັງກິດ, ການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).