

Right to Submit Request for Review of Cancellation, Rescission, or Nonrenewal of Your Plan Contract, Enrollment, or Subscription

If you believe your plan coverage has been, or will be, improperly canceled, rescinded, or not renewed, you have the right to file a Request for Review. You must submit a completed Request for Review form within 180 days after the date on the attached notice.

You have the options of going to the plan and/or the Department of Managed Health Care (DMHC) if you do not agree with the plan decision to cancel, rescind, or not renew your plan coverage.

Option (1): You may submit a Request for Review to your plan.

- You may submit a Request for Review to Health Net of California, Inc. (Health Net) by calling 1-800-552-0088. If you enrolled with us via Covered California™, please call us at 1-888-926-4988. Or, you can mail your written Request for Review to:

**Health Net
PO Box 10348
Van Nuys, CA 91410-0348**

- You may want to submit your Request for Review to Health Net first if you believe your cancellation, rescission, or nonrenewal is the result of a mistake. Requests for Review should be submitted as soon as possible after you receive the Notice of Cancellation, Rescission, or Nonrenewal.
- Health Net will resolve your Request for Review or provide a pending status within three (3) days. If the plan upholds your cancellation, rescission, or nonrenewal, it will immediately transmit your Request for Review to the DMHC, and you will be notified of the plan's decision and your right to also seek a further review of the plan's decision by the DMHC as detailed under Option 2 below.

Option (2): You may submit a Request for Review to the DMHC.

- You may submit a Request for Review directly to the DMHC without first submitting it to the plan or after you have received the plan's decision on your Request for Review.
- Requests for Review by the DMHC may be submitted:

By mail:
Help Center
Department of Managed Health Care
980 Ninth St., Ste. 500
Sacramento, CA 95814-2725

By phone:
1-888-466-2219
TDD: 1-877-688-9891
Fax: 1-916-255-5241

www.healthhelp.ca.gov

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