

Health Care Provider Network Waivers

Health Insurance Company: Health Net Life Insurance Company Product Name: EnhancedCare IFP PPO Insurance Company's Contact Number: (818) 676-8709 Insurance Company Network Information Website: www.healthnet.com As of: July 15, 2022

Health insurance companies must be able to deliver timely and appropriate access to health care services by maintaining adequate networks of health care providers and facilities.

If a health insurance network cannot satisfy network adequacy requirements, it must obtain a waiver from the California Department of Insurance. A waiver may be requested for the following reasons: (1) there is an absence of practicing providers or facilities in the area; (2) the health insurance company is unable to contract with a sufficient number of providers or facilities in the area; (3) a provider or facility leaves the network; or (4) the health insurance company proposes an innovative network design shown to provide a benefit to consumers.

The health insurance company will assist covered persons in locating providers or facilities that are available and accessible based on their health care needs. If a network provider or facility is not available within the network adequacy requirements, a covered person may work with Aetna to access an out-of-network provider or facility at the in-network cost sharing.

The waivers granted for this health insurance network are listed in the table below. Please contact the health insurance company's consumer help line noted above regarding the current availability and status of network providers noted below.

Should a coverage dispute arise, contact the health insurance company first. If the dispute is not resolved, contact the California Department of Insurance, Consumer Services Division, 300 S. Spring Street, Los Angeles, CA 90013. If you have any questions, the Department can be reached at (800) 927-4357, outside of California at (213) 897-8921.

County ⁱ	Facility/Provider Type	Waiver Provisions
Yolo	Anesthesiology	Waiver granted based on absence of practicing providers or available facilities. (Cal. Code Regs. tit. 10 § 2240.7(b)(1).) Covered persons should contact the health insurer if it is medically necessary for them to access care in closer proximity, or if they cannot get timely access to care at any in-network providers or facilities.

 $^{^{\}rm i}$ The service area of the network includes the entire county, unless otherwise denoted.