



# ELECT OPEN ACCESS

**Group Name**  
 ARAKELIAN ENTERPRISES, INC. DBA

**Subscriber Name**  
 LINDSAY S JONES

**Issue Date**  
 07-01-2017

**Renewal Month**  
 JULY

**Group #**  
 77044A

**Subscriber #**  
 R06802816

**Relation to Subscriber**  
 DEPENDENT

**Member Effective Date**  
 07-01-2014

**Member Name**  
 MIA K JONES

**Plan**  
 EA8 WITH PHARMACY

Health Net of California, Inc. provides the health benefits under this plan

For maximum plan benefits, consult your Health Net physician group below.

**AFFILIATED DOCTORS OF ORANGE COUNTY**

(714) 539-3100 #533

11180 Warner Ave.

FOUNTAIN VALLEY, CA 92708

Effective Date with Physician Group: 07-01-14

Primary Care Physician: FARROKH SHADAB

(714) 549-1200

To submit claims or obtain eligibility and coverage information, please contact:

**Health Net Commercial Claims**  
 P.O. Box 14702  
 Lexington, KY 40512  
 Electronic Claims 1-800-977-3568  
 Pharmacist: For assistance, call Pharmacy  
 Help Line at 1-800-800-0180  
 Rx BIN#004336 Rx PCN HNET Rx  
 Caremark

**Customer Contact Center: 1-800-676-6976**  
 (TTY: 711)

**Provider Inquiries: 1-800-641-7761**  
**Website: www.healthnet.com**

To remove card, fold back and forth along perforations.

**This is your replacement card.**

This is your Health Net ID Card. Please check all of the information. If there are any errors, please contact Health Net Customer Contact Center at the above Customer Contact telephone number. Please destroy old ID cards.

015475  
 77044A  
 MIA K. JONES  
 80 ASHDALE  
 IRVINE, CA 92620-7311

Health Net Use Only  
 Run Date 06/28/2017  
 380 - 0  
 G8  
 ENG-ELECT-PLUS-OA  
 2UVT

YFW  
 ORANGE  
 LX  
 EA8