

# HEALTH NET LIFE INSURANCE COMPANY INDIVIDUAL MEDICARE SUPPLEMENT GUARANTEED ISSUE GUIDE

Dear Potential Member:

If you have recently become eligible for Medicare, or lost or ended your health care coverage with another plan, you may qualify for guaranteed acceptance in a Health Net Life Individual Medicare Supplement plan in certain situations.

Review the guaranteed issue guidelines outlined in the following chart and determine if you qualify for automatic acceptance under one or more criteria. If you qualify, write the corresponding situation number in the Guaranteed Acceptance section of your application. Include any supporting information and/or documents necessary to prove your eligibility under the noted criteria.

If the required proof of Guaranteed Issue is not provided to Health Net Life with the enrollment application, your application will not be processed and you, and if applicable, your broker, will be notified that the proof of Guaranteed Issue was not received and must be provided within 30 calendar days from the date of the Health Net Life notification letter. If the proof of Guaranteed Issue is not received within this time frame, your application will be denied.

**Please note that if you are under age 65 and entitled to Medicare Part B and you**

**have end-stage renal disease (ESRD), you are not eligible to enroll. If you are under 65, and do not have ESRD, you must attest that you do not have ESRD by answering “NO” to question #6 under the “Current Health Plan” section of the enrollment application.**

**Applicants who are applying for coverage during an open enrollment or guaranteed issue period are not required to complete the Statement of Health portion of the Medicare Supplement Application or to sign a form required by the federal Health Insurance Portability and Accountability Act of 1996. Applicants who do not qualify for guaranteed acceptance must complete the Statement of Health.**

**Important:** Please note that this Guide is only a summary, and it is intended to help you identify the different situations which may qualify you for guaranteed acceptance. It may not contain all the details of each situation. It is important to remember that laws regulating guaranteed acceptance may change. Consequently, some requirements in the Guide may have changed since publication. Please ask your Sales Representative, Broker, or other advisor to confirm that you qualify for guaranteed acceptance.

For questions regarding the Health Net Life Insurance Individual Medicare Supplement Plan and/or the guaranteed issue guidelines, please call Health Net Medicare Sales Department at **1-800-944-7287** (or TTY/TDD **1-800-929-9955** for the hearing and speech impaired), Monday through Friday, 8:00 a.m. to 6:00 p.m., except holidays.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>1.</b> You are age 65 or older, have Medicare Part A and are newly enrolled in Medicare Part B, or you already have Medicare because you are disabled and have just turned 65.</p>	<p>You are entitled to a six (6) month open enrollment period, during which you are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F, F+ or G.</p>	<p>Health Net Life must receive your application prior to or during the six-month period beginning with the first day of the month of your Part B effective date or your 65th birthday if you already have Medicare because you are disabled.</p> <p><b>NOTE:</b> Your effective date cannot be prior to the first day of the month of your Part B effective date or your 65th birthday if you already have Medicare because you are disabled.</p>	<p>Proof of date of enrollment in Medicare (e.g., copy of Medicare card).</p>
<p><b>2.</b> You currently have a Medicare Supplement plan with Health Net Life or another carrier and want to switch to a different Medicare Supplement plan and have requested an effective date with Health Net Life that is within 30 days after your last birthday.</p>	<p>You have an annual open enrollment period, during which you are eligible to enroll in a Health Net Life Medicare Supplement plan of equal or lesser benefits than your current Plan.</p>	<p>Health Net Life must receive your application up to <b>30 days prior to, or within 30 days after</b> your last birthday.</p> <p><b>NOTE:</b> Your effective date cannot be prior to your birthday and can be no later than the first day of the month following the 30-day submission window after your last birthday.</p>	<p>Proof of current Medicare Supplement coverage with Health Net Life or another carrier.</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>3.</b> You enrolled in a Medicare Advantage or PACE Provider Plan upon first becoming eligible for benefits under Medicare Part A at 65 years of age and then you disenrolled from the Medicare Advantage or PACE Provider Plan within 12 months of the effective date of enrollment. Your rights under these situations may last for an extra 12 months if the Plan you first joined leaves the Medicare program or stops giving care in your area before you have been in the Plan for one year, <b>and</b> you immediately join another similar Plan.</p>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F, F+ or G.</p>	<p>Health Net Life must receive your application up to <b>60 days prior to, or within 63 days</b> of the date your disenrollment from the Medicare Advantage or PACE Provider Plan became effective.</p>	<p>Proof of enrollment and disenrollment effective dates from a Medicare Advantage or PACE Provider Plan.</p> <p>Proof of disenrollment must be received no later than 30 days after you receive your Health Net Life Medicare Supplement Plan policy certificate.</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>4.</b> You disenrolled from a Medicare Supplement plan to enroll for the first time in a Medicare Select, Medicare Cost or similar organization operating under demonstration project authority before April 1, 1999, PACE Provider or a Medicare Advantage plan and then voluntarily disenrolled within 12 months of coverage. Your rights under these situations may last for an extra 12 months if the Plan you first joined leaves the Medicare program or stops giving care in your area before you have been in the Plan for one year, <b>and</b> you immediately join another similar Plan.</p>	<p>You are eligible to enroll in the <b>same</b> Medicare Supplement Plan you previously had, if it is offered for sale by Health Net Life, or Plan A, C, F or F+.</p>	<p>Health Net Life must receive your application up to <b>60 days prior to</b>, or <b>within 63 days</b> of the date your disenrollment from a Medicare Advantage, PACE Provider, Medicare Select or Medicare Cost Plan became effective.</p>	<p>Proof of termination from a Medicare Advantage, PACE Provider, Medicare Select or Medicare Cost Plan.</p> <p>Proof of termination must be received no later than 30 days after you receive your Health Net Life Medicare Supplement Plan policy certificate.</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>5.</b> You enrolled in a Medicare Advantage or PACE Provider Plan, Medicare Cost, or similar organization operating under demonstration project authority before April 1, 1999, Health Care Prepayment Plan or a Medicare Select policy, but coverage was terminated because:</p> <ul style="list-style-type: none"> <li>• the certification of the organization or plan has been terminated, <b>OR</b></li> <li>• the organization or plan discontinued providing the plan in the service area in which you reside, <b>OR</b></li> <li>• you are no longer eligible to elect the plan because of a change in your place of residence or other change in circumstances specified by the secretary. Those changes in circumstances shall not include termination of the individual’s enrollment because the individual has not paid premiums on a timely basis or has engaged in disruptive behavior, or the plan is terminated for all individuals within a residence area.</li> </ul>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F or F+.</p>	<p>Health Net Life must receive your application <b>within 63 days</b> of the date your Plan termination became effective. If you are enrolled in a Medicare Advantage plan, you are entitled to an <b>additional 60-day</b> open enrollment period.</p>	<p>Proof of termination (including reason and date of termination) from a plan as outlined under “Criteria.”</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>6.</b> You enrolled in an employer group health plan that provides health benefits that supplement the benefits under Medicare, but</p> <p>a) your employer group plan terminates or ceases to provide all of those supplemental health benefits to you; <b>OR</b></p> <p>b) your employer no longer provides you with insurance that covers all of the payment for the Part B 20% coinsurance.</p>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F or F+.</p>	<p>Health Net Life must receive your application <b>within 63 days</b> of the effective date that your employer group reduced or stopped providing health benefits that supplement the benefits under Medicare.</p>	<p>Proof of reduction or termination of benefits as outlined under "Criteria."</p>
<p><b>7.</b> You are enrolled in Medicare Part B, and have lost your employer-sponsored health plan, employer-sponsored retiree health plan (including coverage under COBRA and Cal-COBRA), or are no longer eligible for employer-sponsored health plan coverage due to the divorce or death of a spouse.</p>	<p>You are entitled to a six (6) month open enrollment period, during which you are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F, F+ or G.</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> of the date you lost your employer-sponsored health coverage.</p>	<p>Proof of voluntary or involuntary termination from an employer-sponsored health plan, or employer-sponsored retiree health plan as outlined under "Criteria".</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>8.</b> You are enrolled in Medicare Part B and enrolled in a Medicare Supplement plan but you can no longer retain the coverage because you moved outside the Plan's service area.</p>	<p>You are entitled to a six (6) month open enrollment period, during which you are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F, F+ or G.</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> of the date you lost your health coverage under a Medicare Supplement plan.</p>	<p>Proof of termination of coverage due to a change in residence outside the current insurer's coverage area.</p>
<p><b>9.</b> You are a Medicare-eligible military retiree, retiree's Medicare-eligible spouse or dependent enrolled in Medicare Part B, and lost access to coverage due to:</p> <ul style="list-style-type: none"> <li>• a military base closure, <b>OR</b></li> <li>• the base no longer offers health care services, <b>OR</b></li> <li>• you have relocated.</li> </ul>	<p>You are entitled to a six (6) month open enrollment period, during which you are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F, F+ or G.</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> of the termination of health services.</p>	<p>Proof of loss of coverage due to military base closure, base no longer offering health care services or proof of relocation.</p>
<p><b>10.</b> You enrolled in a Medicare Supplement plan but coverage stopped because:</p> <ul style="list-style-type: none"> <li>• the company filed for bankruptcy or insolvency, <b>OR</b></li> <li>• the company involuntarily terminated coverage, <b>OR</b></li> <li>• the company violated a material provision of the Plan, <b>OR</b></li> <li>• the company, or an agent acting on its behalf, materially misrepresented a provision of the Plan.</li> </ul>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F or F+.</p>	<p>Health Net Life must receive your application <b>within 63 days</b> of the date your Medicare Supplement Plan termination became effective.</p>	<p>Proof of termination of coverage due to one of the reasons outlined under "Criteria."</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.



CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>11.</b> You are under age 65 and entitled to Medicare Part B, because of disability, <b>but you do not have end-stage renal disease (ESRD).</b></p>	<p>You are entitled to a six (6) month open enrollment period, during which you are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, or F.</p>	<p>Health Net Life must receive your application <b>prior to or during the six-month period</b> beginning with the first day of the month of your Part B effective date.</p> <p><b>NOTE:</b> Your effective date cannot be prior to the first day of the month of your Part B effective date.</p>	<p>Proof of enrollment in Medicare Part B, and attestation that you do not have end-stage renal disease (ESRD) by answering <b>“NO”</b> to question #6 under the “Current Health Plan” section of the enrollment application.</p>
<p><b>12.</b> You are enrolled in a Health Net Medicare Advantage plan and Health Net <b>either:</b></p> <ul style="list-style-type: none"> <li>• reduced its benefits, <b>OR</b></li> <li>• increased the amount of cost-sharing, or premium, <b>OR</b></li> <li>• discontinued, for other than good cause relating to the quality of care under the Plan, a provider who is currently furnishing services to the individual.</li> </ul>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F or F+.</p>	<p>Health Net Life must receive your application <b>60 days before</b> the effective date of the disenrollment, but <b>no later than 63 days</b> after the effective date of the disenrollment.</p>	<p>Health Net will review its records for applicability.</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>13.</b> You are enrolled in a Medicare Advantage Plan with a carrier that does not offer a Medicare Supplement product and the plan <b>either</b>:</p> <ul style="list-style-type: none"> <li>• increased the premium by 15 percent or more, <b>OR</b></li> <li>• increased physician, hospital, or drug copayments by 15 percent or more, <b>OR</b></li> <li>• reduced any benefits under the plan.</li> </ul>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F or F+.</p>	<p>Health Net Life must receive your application during the Medicare Annual Election Period (AEP) beginning with the 2012 AEP October 15th – December 7th.</p>	<p>A copy of the Medicare Advantage Annual Notice of Change (ANOC) that shows that the Medicare Advantage Plan is reducing its benefits and/or increasing the amount of cost sharing or premium effective January 1st of the following year as outlined under "Criteria" <b>AND</b> proof of termination from the Medicare Advantage Plan. Proof of termination must be received no later than 30 days after you receive your Health Net Life Medicare Supplement Plan policy certificate.</p>
<p><b>14.</b> Effective January 1, 2012, you are enrolled in a Medicare Advantage Plan with a carrier that does not offer a Medicare Supplement product and the plan discontinues, for other than good cause relating to quality of care, its relationship or contract under the plan with a provider who is currently furnishing services to the individual.</p>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F or F+.</p>	<p>Health Net Life must receive your application <b>60 days before</b> the effective date of the disenrollment, but no later than <b>63 days after</b> the effective date of the disenrollment.</p>	<p>A copy of the provider termination member notification letter <b>AND</b> proof of termination from the Medicare Advantage Plan. Proof of termination from the Medicare Advantage Plan must be received no later than 30 days after you receive your Health Net Life Medicare Supplement Plan policy certificate.</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>15.</b> If you currently have a Health Net Life Medicare Supplement plan with prescription drug benefits and have enrolled in a Medicare Part D (Prescription Drug Plan), and want to change your coverage to a different Health Net Life Medicare Supplement plan without prescription drug coverage, you may contact Health Net Life at <b>1-800-944-7287</b> (TTY/TDD <b>1-800-929-9955</b> for the hearing and speech impaired), Monday–Friday, 8:00 a.m.–6:00 p.m., except holidays, and change your Medicare Supplement Plan to A, C, F or F+ without submitting a new application.</p>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F or F+ without submitting a new Medicare Supplement application.</p>	<p>Health Net Life must receive your <b>written request</b> to change your enrollment to another Health Net Life Medicare Supplement plan <b>within 63 days after your coverage in a Medicare Part D Plan begins.</b></p>	<p>Health Net Life will review its records for applicability.</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CRITERIA	YOUR CHOICES <sup>1</sup>	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>16.</b> You are enrolled in Medicare Part B and have been notified that because of an increase in your income or assets you meet one of the following requirements:</p> <ol style="list-style-type: none"> <li>1. You are no longer eligible for Medi-Cal benefits, <b>OR</b></li> <li>2. You are only eligible for Medi-Cal benefits with a share of cost and certify at the time of application that you do not meet the share of cost by answering "<b>NO</b>" to question #2 under the "Current Health Plan" Section of the enrollment application.</li> </ol>	<p>You are entitled to a six (6) month open enrollment period, during which you are eligible to enroll in Health Net Life Medicare Supplement Plan A, C, F, F+ or G.</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> of the date you received notification that you are no longer eligible for benefits under the Medi-Cal program because of an increase in your income or assets.</p>	<p>A copy of Medi-Cal's notice of termination due to a change in income/assets as outlined under "Criteria".</p>

<sup>1</sup>Health Net Life offers Plans A, C, F, F+ and G for Medicare beneficiaries eligible based on disability, and as required by applicable California law.

CA88173 (1/12)

Health Net Life Insurance Company is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.