Certificate of Insurance

Medicare Supplement (Plan G) EOC ID 387430

Important benefit information – please read

California Farm Bureau Members'
Health Insurance Program

Underwritten By Health Net Life Insurance Company

PC1102G (CA 1/1/2013)

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FARM BUREAU MEMBERSHIP GUIDELINES

The California Farm Bureau Federation Membership allows an individual the opportunity to apply for coverage (requiring evidence of insurability and underwriting approval for individuals who do not have open enrollment or guaranteed issue rights) in the Farm Bureau Member's Group Association Health Plan, provided by Health Net Life (HNL).

MEMBERSHIP TYPE

When a person joins the California Farm Bureau Federation, he or she joins the local county Farm Bureau in which they work or reside. Membership takes effect on the first day of the month in which the membership application was signed and expires twelve months later.

There are two types of membership: Agricultural and Associate.

1. Agricultural: any member who reasonably expects to receive any income from farming
   operations during the current membership year, either as an owner, lessor, lessee, or officer, substantial shareholder or full time employee of such owner, lessor, or lessee, shall be a voting member. The right to vote is limited to these types of members.
2. Associate: any member who is not a voting member.

Changes in the type of membership will be taken into consideration and must be approved by the county Farm Bureau board of directors. Each county Farm Bureau is a separate corporation with its own set of bylaws.

INDIVIDUAL/FAMILY MEMBERSHIP

An individual/family member includes:

1. A single person.
2. A married person, spouse or registered domestic partner, and unmarried children under 21* years of age who live at home.
3. A widowed person and unmarried children under 21* who live at home.
4. A divorced person and unmarried children under 21* who live at home.

*up to 25 years if they are full-time students.

MEMBERSHIP DUES

The dues for agricultural and associate members are determined by the county board of directors and vary by county throughout the state. Dues amounts are subject to periodic changes.

Annual renewal notification and billing is handled through the California Farm Bureau Federation.

This document is Your Certificate of Insurance. When you receive your confirmation of enrollment letter, it confirms insurance under Master Group Policy No. AC1101 issued to the California Farm Bureau Federation. HNL will pay benefits provided in this Certificate in accordance with its provisions.

Health Net®
LIFE INSURANCE COMPANY

Underwritten By Health Net Life Insurance Company

Steven Sell
President

NOTICE TO BUYER

THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL COSTS.

CONTINUATION AND CONVERSION

When a Dependent's coverage ends as provided in the Continuation of Insurance provision, the Dependent may continue coverage under the Master Group Policy if, within 30 days after the date coverage ends, the required premium is paid and proof is provided that the Dependent qualifies as a Certificateholder as provided herein. When coverage ends because the Master Group Policy ends or for the reasons stated in the Continuation of Insurance provision, a covered Dependent may apply for an individual Medicare Supplement Conversion Policy, without evidence of insurability, if written application and the required first premium is made to Us within 31 days after the date coverage ends. A Certificateholder may also apply for a conversion policy when coverage ends because the Master Group Policy ends.

RENEWABILITY AND CONTINUATION

This Certificate will be renewed and continued while the Master Group Policy is in force, provided the required premium is paid on or before the date it is due or within the Grace Period. We reserve the right to change premium rates after prior notice to the Master Group policyholder. We may refuse to renew this Certificate if there have been material misrepresentations in any application You made for this Certificate.

30-DAY RIGHT TO REVIEW THIS CERTIFICATE

THIS CERTIFICATE MAY BE RETURNED TO US, BY REGULAR MAIL, WITHIN 30 DAYS AFTER ITS RECEIPT BY YOU IF IT IS NOT ENTIRELY SATISFACTORY. IF THIS CERTIFICATE IS RETURNED WITHIN THAT TIME PERIOD IT WILL BE DEEMED VOID AND WE WILL REFUND TO YOU ANY PREMIUMS PAID.

NOTICE TO CERTIFICATEHOLDER

This Certificate is designed to supplement Medicare benefits in and out of the Hospital.

This Certificate pays certain Hospital and Medical expenses, not payable by Medicare.

Read this Certificate carefully to learn the important details of the coverage provided.

CUSTOMER SERVICE

Any questions? Call HNL's Customer Service toll free at: (800) 926-4178, Monday - Friday 8:00 a.m. - 8:00 p.m., except holidays

COMPLAINTS NOTICE

Please take these steps if You have a complaint about Our group health insurance product or service:

1. If Your Certificate of Insurance was personally delivered by an agent or broker, contact the agent or broker for assistance.

2. If Your agent or broker cannot resolve Your complaint, call HNL at: 800-926-4178 (or) write us at:

   Health Net Life
   P.O. Box 10198
   Van Nuys, CA 91410-0198

3. If HNL cannot provide You with a satisfactory solution to Your complaint, You then may write to, or call the California Department of Insurance Consumer Services Division at:

   300 South Spring Street
   South Tower
   Los Angeles, CA 90013

   (OR)

   CALL TOLL-FREE:
   800-927-4357 OR
   213-897-8921

CLAIMS REIMBURSEMENT

The Health Net Life Medicare Supplement plan features electronic claims processing, a claims payment process between Health Net Life and Medicare. Medicare-certified and Medicare-accepting providers bill Medicare for services provided and, upon processing, Medicare then sends claims electronically to Health Net Life for secondary payment. Electronic claims processing is provided with your membership in the Health Net Medicare Supplement Plan. There is no registration necessary.

For claims for services covered by your Health Net Life Medicare Supplement Plan, but not by Medicare, such as Foreign Travel Emergency Care, you or your medical provider should submit the claims directly to Health Net:

Health Net Life Claims
P. O. Box 14702
Lexington, KY 40512

You may request a Health Net claim form by contacting the Member Services number provided on your identification card or you can access the claim form on our website www.healthnet.com.

GRIEVANCE AND ARBITRATION

Please Note: Medicare has specific procedures for the portion of the bill they pay. For additional information, please see the "Appeal to Medicare" section of this Medicare Supplement Plan Certificate of Insurance.

Grievance Procedures

If you are not satisfied with the efforts to solve a problem with HNL, you must first file a grievance and/or appeal against HNL by calling our Member Services Department at **1-800-926-4178.** You may also file your complaint in writing by sending information to:

HNL Medicare Supplement Plan
Appeals and Grievances Department
P.O. Box 10344
Van Nuys, CA 91410-0344

Please include all the information from your HNL Medicare Supplement Plan Identification Card (ID card) and the details of the concern or problem.

We will:

- Confirm in writing within five business days that we received your request.
- Review your complaint and inform you of our decision in writing within 30 days.
- Inform you if additional time is necessary to complete our investigation.

If you continue to be dissatisfied after the grievance procedure has been completed, you may then initiate binding arbitration, as described below. Binding arbitration is the final process for the resolution of disputes.

Final Step – Neutral, Binding Arbitration

If you or your personal representative does not agree with the HNL determination, you or your personal representative can request neutral, binding arbitration in accordance with the California Arbitration Act (California Code of Civil Procedure Sections 1280, *et seq.*).

Arbitration is the final process for resolving any dispute between you and HNL, which arise out of or relate to coverage under this Medicare Supplement Plan Certificate of Insurance.

As a condition of coverage under this Medicare Supplement Plan Certificate of Insurance, you agree that disputes will be decided by neutral arbitration, and also agree to give up your right to a jury or court trial for the settlement of disputes. The decision of the arbitrator shall be final and binding.

To initiate arbitration proceedings, you serve a written demand for arbitration to HNL at the following address:

Health Net Life
Litigation Administrator
Post Office Box 4504
Woodland Hills, CA 91365-4505

The written demand shall contain a detailed statement of the matter and the facts supporting the demand and include copies of all related documents. The arbitration shall be conducted at a mutually agreed location by a single, neutral arbitrator who is licensed to practice law. The parties shall select a neutral arbitrator to conduct the arbitration.

At least 30 days before the arbitration the parties must exchange lists of witnesses, including any experts, and copies of all exhibits to be used at the arbitration.

This binding arbitration provision does not apply to claims, disputes, or controversies relating to alleged professional negligence (medical malpractice) and applies only to matters arising under this Medicare Supplement Plan Certificate of Insurance.

APPEAL TO MEDICARE

In addition to the above procedures, Medicare has specific appeals procedures for the portion of the bill they pay. Please contact Medicare at **1-800-MEDICARE (1-800-633-4227**) for information regarding appeals.

SCHEDULE OF BENEFITS

We will pay the benefits provided in the Schedule of Benefits for expenses incurred by a Covered Person, while this Certificate is in force, for the services described below. Benefits are not payable for any expenses paid or payable by Medicare. The date on which a service or supply is furnished is deemed the date the expense was incurred or a charge made.

Hospital Services

We will pay the amounts and percentages shown, for Medicare Eligible Expenses, while a Covered Person is confined as a registered bed patient in a Hospital for a covered injury or Sickness, as follows:

1. First 60 days of confinement,
   for any Benefit Period, up to a maximum of $1,184
2. 61st through 90th day of confinement,
   for any Benefit Period, per day, up to $296
3. 91st through 150th day of confinement (the lifetime reserve days),
   for any Benefit Period, (for each lifetime reserve day used) per day, up to $592
4. For any confinement in excess of 150 days for any
   Benefit Period, up to a lifetime maximum of 365 days ..... Medicare Eligible Expenses
5. First 3 pints of blood or blood plasma for any Benefit Period
   (to the extent it is not donated or replaced, or paid under Medical Expenses) 100%

Skilled Nursing Facility Services

We will pay the amounts shown, for Medicare Eligible Expenses, while a Covered Person is confined as a registered bed patient in a Skilled Nursing Facility for a covered injury or Sickness, as follows:

1. First 20 days of confinement,
   for any Benefit Period $0
2. 21st through 100th day of confinement,
   for any Benefit Period, per day, up to $148
3. Confinement in excess of 100 days,
   per benefit period $0

Hospice Care

Coverage of the cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

Medical Services

We will pay the amounts and percentages shown for Medicare Eligible Expenses incurred by a Covered Person for medical services and supplies, for a covered injury or Sickness, which are in excess of the Medicare Part B calendar year deductible, as follows:

1. Doctor's services .....Coinsurance Amount

2. Other medical services and supplies.....Coinsurance Amount

3. First 3 pints of blood or blood plasma per calendar year
   (to the extent it is not donated or replaced, or paid under Hospital Expenses).....100%

Payment will not exceed 100% of the actual Medicare Eligible Expenses for medical services and supplies when combined with payments made by Medicare.

Part B Excess Charges: Coverage for all of the differences between the actual Medicare Part B charge as billed, not to exceed any limiting charge established by the Medicare program or State law, and the Medicare approved Part B charge.

Foreign Travel Emergency Care Services

If Emergency Care starts within the first 60 days of a trip outside the United States, We will pay the percentage shown, for Medicare Eligible Expenses incurred by a Covered Person outside the United States, which would have been payable by Medicare if provided in the United States, and which are in excess of the Foreign Travel Emergency Care Services $250 calendar year deductible and subject to the lifetime maximum benefit shown, as follows:

1. Hospital services and supplies,
   Doctor's services, and other medical services and supplies 80%

2. Lifetime maximum benefit, each Covered Person $50,000

Benefits will not be paid for any expenses incurred while a Covered Person is not a resident of the United States, nor for expenses for which benefits are paid or payable under Medicare. Expenses used to satisfy the $250 calendar year deductible for this benefit will not be applied to satisfy any other plan deductible.

EXCLUSIONS

This Certificate does not cover any expenses not covered by Medicare except as otherwise specified herein.

CHANGES IN MEDICARE COVERAGE

The benefits of this Certificate will be changed automatically to coincide with changes in the applicable Medicare deductible, copayment or coinsurance amounts, and will become effective on the effective date of the change in Medicare coverage. We may adjust premiums due to such changes.

No benefits are payable under this Certificate if they would duplicate benefits paid or payable by Medicare.

EXTENDED INSURANCE

Termination of this Certificate shall be without prejudice to any continuous loss which commenced while the Certificate was in force. However, the extension of benefits beyond the period during which the Certificate was in force is subject to the continuous total disability of the Covered Person, and is limited to the duration of the Certificate's Benefit Period, or payment of the maximum benefits.

DEFINITIONS

Following is a list of words and phrases and their meaning as applicable to this Certificate**.**

Benefit Period is a period which begins on the first day a Covered Person receives Medicare covered services as an inpatient in a Hospital, and ends (a) after the Covered Person has been out of the Hospital or Skilled Nursing Facility for 60 days in a row, or (b) if a Covered Person remains in a Skilled Nursing Facility but does not receive skilled care there for 60 days in a row. Benefit Period will not be more restrictively defined than as defined by Medicare.

Certificateholder is a person who meets the eligibility requirements stated in the Eligibility and Effective Dates provision and is shown as the Certificateholder on the Certificate of Coverage.

Coinsurance Amount is the portion of Medicare Part B Approved Amounts that Medicare does not pay for. The coinsurance amount is generally 20% of the Medicare Part B Approved Amounts.

Convalescent Nursing Home, Extended Care Facility, or Skilled Nursing Facility: Facilities as defined in the Medicare program.

Covered Person is an individual who meets all applicable eligibility requirements, is enrolled hereunder and for whom the required premium actually has been received and accepted by HNL.

Dependent is (a) the Certificateholder's spouse, or Registered Domestic Partner, who is covered under Medicare; (b) the Certificateholder's unmarried natural or adopted children who are covered under Medicare; and (c) the Certificateholder's unmarried stepchildren and legal wards who are covered under Medicare if the Certificateholder contributes at least 50% to their support and claims them as an exemption for Federal and/or State Income Tax purposes. The Company has the right to require proof of the continuation of Medicare coverage for a covered child or children, but not more often than annually following the initial proof of eligibility.

Where a court order exists for provision of medical support of a Medicare eligible child or children by the Certificateholder, such child or children will be considered Dependents, if application is made to the Company within 90 days of the issuance of the court order and the Certificateholder provides the Company with a copy of the court order.

Deductible: A set amount you pay each Calendar Year for specified Covered Expenses before Health Net pays any benefits for those Covered Expenses.

Physician: A doctor of medicine (M.D.) or osteopathy (D.O.) or other provider as defined by Medicare who is licensed to practice where the care is provided and who is approved by Medicare.

Hospital: A facility approved by Medicare as a hospital or approved by Medicare for Medicare hospital benefits.

It does not include an institution, or part thereof, which is other than incidentally a nursing home, a convalescent hospital, a place for rest or the aged, a facility for drug addicts or alcoholics.

A skilled Nursing Facility as defined under Medicare, is not considered a Hospital.

Medicare is the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Medicare Eligible Expenses are expenses of the kinds covered by Medicare Parts A and B.

Nurse has the same meaning as defined by the federal Medicare program.

Registered Domestic Partner is a person eligible for coverage as a Dependent provided that the partnership with the principal Covered person meets all domestic partnership requirements specified by section 297 or 299.2 of the California Family Code.

Sickness is illness or disease.

Skilled Nursing Facility: A facility that provides skilled nursing or rehabilitation services to help you recover after a Hospital stay.

You or Your is the Certificateholder.

We, Our, Us or Company is HNL.

ELIGIBILITY AND EFFECTIVE DATES

To be eligible for coverage under this Certificate as the Certificateholder, an individual must qualify as a New Applicant or as a Conversion Enrollee, as described below, and must satisfy the following requirements: (a) be eligible under Medicare; (b) be a member of a County Farm Bureau of the California Farm Bureau Federation and its Rural Health Department; (c) not be concurrently insured under any other California Farm Bureau Federation service to member health insurance program; and (d) be approved for this coverage by the Company.

A New Applicant is an individual, age 65 or older or under 65 and entitled to Medicare on the basis of receiving Social Security disability benefits but who does not have end-stage renal disease (ESRD), is enrolled in Medicare Parts A and B, resides within the state of California, and who at the time of application for a Medicare Supplement Plan is not an insured under the Company's Master Group Policy No. AC0601.

A Conversion Enrollee is an individual who is exercising the Conversion To Medicare Supplement Plan Privilege provision in accordance with and as an insured under HNL's Master Group Policy No. AC0601.

To be eligible for coverage under this Certificate as a Dependent, an individual must satisfy the definition of Dependent as provided in this Certificate.

Coverage for such eligible individuals will be effective on the effective date shown in Your Certificate of Coverage when the required first premium is paid.

Newly Acquired Dependents

A newly acquired Dependent is a Dependent You acquire after the effective date of Your coverage under this Certificate.

A newly acquired Dependent, eligible for Medicare, may be insured under the Certificateholder's Certificate of Insurance.

Coverage for the newly acquired Dependent is effective on the first day of the calendar month following the date the Dependent is acquired, provided application is received by the Company within 30 days of the date the Dependent was acquired and the required premium is included with the application.

SUSPENSION OF BENEFITS AND PREMIUM

Benefits and premiums for a Covered Person will be suspended upon written request, for a period not to exceed 24 months, in which the Covered Person applied for and is eligible for medical assistance under Title XIX of the federal Social Security Act (known as Medi-Cal in California). You must notify Us within 90 days after the date the Covered Person became entitled to Medi-Cal. Upon receipt of notice, We will return that portion of premium paid for the Covered Person that is attributable to the period of Medi-Cal eligibility, subject to adjustment for any claims paid for the Covered Person.

If the Covered Person subsequently loses entitlement to Medi-Cal, coverage under this Certificate will be reinstituted automatically effective as of the date of termination of such entitlement, provided You give Us notice of loss of entitlement within 90 days after the date of such loss and pay the premium for that period, effective as of the date of termination of such entitlement, or equivalent coverage shall be provided if the prior form is no longer available.

TERMINATION OF INSURANCE

Coverage under this Certificate for a Covered Person will end on the earliest of the following dates:

1. The date the Master Group Policy ends;

2. The last day of the period for which the premium has been paid (subject to the Grace Period provision); or

3. The last day of the calendar month in which:

   a. a Covered Person dies;

   b. the Certificateholder ceases to be a member of one of the County Farm Bureaus comprising the California Farm Bureau Federation;

   c. a Covered Person becomes insured under any other California Farm Bureau Federation service to member health insurance program;

   d. a Dependent spouse's, or Registered Domestic Partner's, dissolution of marriage occurs;

   e. We receive written notice signed by the Certificateholder requesting termination of coverage for any or all Covered Persons;

   f. We notify the Certificateholder that coverage is void due to a material misrepresentation on the application, if such notification is done during the first 2 years this Certificate is in force.

   g. If your coverage is terminated by HNL and you have reason to believe that the termination was based upon your health status or requirements for health care services, you may request a review of the termination by the Commissioner of the California Department of Insurance. Information relative to this procedure is available by contacting the Member Services Department.

   h. In the event of cancellation by either HNL (except in the case of fraud or deception in the use of services of this health plan or knowingly permitting such fraud or deception by another) or yourself, HNL shall within 30 days return to you the pro-rated portion of the money paid to HNL which corresponds to any unexpired period for which payment had been received. The amounts shall be adjusted to reflect amounts due on claims, if any.

CONTINUATION OF INSURANCE

A Dependent who was covered under this Certificate may continue coverage under Master Group Policy No. AC1101 when coverage under this Certificate ends because of: (a) dissolution of marriage; or (b) the Certificateholder dies, ceases to be a California Farm Bureau Federation member, becomes insured under another California Farm Bureau health insurance program or requests termination of the Dependent's coverage. To be eligible for continued coverage, the Dependent must qualify as a Certificateholder as provided herein. If coverage for a Dependent spouse, or Registered Domestic Partner, and child or children ends simultaneously, only the spouse, or Registered Domestic Partner, need qualify as the Certificateholder to continue coverage for all Dependents. To qualify for continued coverage, application for continuation coverage must be made and required premium must be paid, within 31 days after the date the Dependent's coverage terminated.

CONVERSION PRIVILEGE

If coverage ends because Your Farm Bureau membership ends or because the Master Group Policy ends, You may apply for an individual Medicare Supplement Insurance Conversion Policy without evidence of insurability, provided written application and payment of the first premium due is made to Us within 31 days after the date coverage ended. If a Dependent's coverage ends because the Master Group Policy ends or for the reasons stated in the Continuation of Insurance provision, such a Dependent may apply for an individual Medicare Supplement Insurance Conversion Policy, without evidence of insurability, provided written application and payment of the first premium due is made to Us within 31 days after the date coverage ended.

PREMIUM RATES

Premium rates are based on the plan selected, the frequency of payment, and the age bracket (65-66 years; 67-68 years; 69-70 years; 71-72 years; 73-74 years; 75-76 years; 77-78 years; 79-80 years; 81-84 years; and 85 and over) in which Your present age places You. Your rate will be adjusted whenever Your birthday moves You into the next higher age-bracket. The adjustment will be reflected in Your premium statements due on or next following the effective date of the rate change.

Should a change in premium rates be made for any reason other than age change, the change, after prior notice to You and the Master Group Policyholder will be reflected in Your premium statements due on or next following the effective date of the change.

You may pay premiums monthly by (a) electronic funds transfer (EFT), after You authorize Us to draft Your bank account each month for premium due, or (b) by Your personal check sent directly to Us each month for premium due. Insufficient funds on Automatic Bank Drafts are subject to a $15.00 return fee. Insufficient funds on returned checks are subject to a $25.00 return fee.

Payment of the first premium will keep insurance in force for the duration for which premium is made from the effective date. The due date of the first premium is the effective date. The due date of each premium thereafter is at the end of the period for which the preceding premium was paid. Premiums are due and payable on or before their due date. Payment of premium will not keep insurance in force beyond the period for which paid, subject to the Grace Period provision. You may request, in writing, a change in the duration for which future premium payments are to be made.

GENERAL PROVISIONS

Certificate of Insurance

We issued this Certificate in consideration of and the payment of the initial premium. There is no insurance until such premium is paid. When such premium is paid when due, coverage begins on the effective date shown on the Certificate of Coverage.

Only an Officer of Health Net Life can waive or change any of Our rights set forth in this Certificate and Master Group Policy, and only if the change or waiver is in writing. No agent has authority to change this Certificate or to waive any of its provisions other than by duly executed endorsement issued to form a part hereof.

Incontestability

After this Certificate has been in force for a period of 2 years during the lifetime of the Covered Person, it will become incontestable with regard to that Covered Person, as to the statements contained in the application, a copy of which is included with and made a part of this Certificate (if required).

Grace Period

A grace period of 45 days is allowed after each premium due date, except for the first one, for the payment of each premium. If the premium due is paid before the end of the grace period, insurance will continue in force during the grace period. If the premium and any applicable service charges due are not paid by the end of the grace period, insurance will end as of the last day of the month prior to the premium due date.

Reinstatement

If a premium, together with any applicable service charges, is not paid by the end of the Grace Period, this Certificate may be reinstated at Our option upon submission to Us of: a completed application for reinstatement, payment of the full premium due and payment of any applicable service charges. This Certificate will automatically be reinstated if the application for reinstatement is not disapproved by Us within 45 days from the date such application and premium payment was received. If this Certificate is reinstated, it will cover only medical costs incurred on or after the date of reinstatement. Thus, if there is a lapse in coverage and subsequent reinstatement, no benefits will be payable for medical expenses incurred during any lapsed period. In all other respects, the Covered Person and HNL will have the same rights under the reinstated Certificate as they did before the insurance ended, subject to any amendments attached hereto in connection with the reinstatement.

Payment of Claims

Assigned benefits will be paid directly to the Hospital, participating Doctor or supplier involved, immediately upon receipt of satisfactory written proof of loss, or as soon thereafter as is reasonably possible. Unassigned benefits will be paid to the You, or Your estate.

Legal Action

Legal action can be brought with respect to this insurance no later than 3 years after satisfactory written proof is furnished or as provided in applicable State statutes of limitation, whichever is longer.

Physical Examination

When an injury or Sickness is the basis of a claim, we may require a medical examination, at our expense, when and as often as may reasonably be required during the pendency of a claim; and to require an autopsy in case of death, if not forbidden by law.

Key Items to Remember

- An identification card will be issued by HNL. Carry your HNL Medicare Supplement Plan ID card with you at all times. Present your card each time you visit a provider or obtain medical services.
- When you receive an Explanation of Medical Benefits from Medicare for services provided by any provider, keep it for your records.
- When you have questions or problems, call us. The Member Services Department telephone number is listed on your HNL Medicare Supplement Plan ID card.

Regulation

This HNL Plan is subject to the requirements of the California Insurance Code and its implementing regulations which are applicable to Medicare Supplement plans. Any provisions required to be in this Medicare Supplement Plan Certificate of Insurance by either of the above sources of law shall bind HNL whether or not provided in this Medicare Supplement Plan Certificate of Insurance.

Benefits Not Transferable

No person other than the Covered Person is entitled to receive benefits to be furnished by HNL under this Medicare Supplement Plan Certificate of Insurance. Such right to benefits is not transferable.

Nondiscrimination

HNL hereby agrees that no person who is otherwise eligible for coverage under this Medicare Supplement Plan Certificate of Insurance shall be refused enrollment nor shall his or her coverage by cancelled solely because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, health status, or physical or mental handicap.

For more information, please contact us at:

Health Net Life Insurance Company
Medicare Supplement Plan
Member Services
Post Office Box 10198
Van Nuys, California 91410

Member Services
1-800-926-4178

Para los que hablan español
1-800-926-4178

Telecommunications Device for the Deaf
1-800-929-9955