

Health Net Medicare Advantage Plans

2014 Optional Benefit

Individual Enrollment Form



Health Net
MEDICARE PROGRAMS

Health Net offers Optional Benefits for an additional monthly plan premium. This form may be used only by our current members who are adding the Optional Benefits Package to their existing Health Net Medicare Advantage plan or who are already enrolled in an Optional Benefit Package and are switching to a different package option. Please review the plan package options listed on the back of this form before enrolling. The premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium. Please keep the yellow copy of this form as your temporary ID card until your new ID card is mailed to you.

<i>Your personal information:</i>				
Last name:		First name:		MI:
Home address (may not be a PO box):				
City:			State:	ZIP:
Mailing address (if different from above):				
City:			State:	ZIP:
Home telephone: (____) _____ - _____		Email address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth: (____/____/____) (M M / D D / Y Y Y Y)		Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____		
Medicare #: (from red, white and blue Medicare card)		Health Net Subscriber #:		

After you have completed this form, please mail it to:

Health Net of California, Inc.
PO Box 10420
Van Nuys, CA 91499-6208

Please complete this section if you are enrolling in an Optional Benefits Package: I am currently enrolled in a Health Net Medicare Advantage plan, paying a monthly plan premium of \$_____ and wish to enroll in the Optional Benefits Package #___ for an additional monthly premium of \$_____.

Please complete this section if you are a current member and are switching Optional Benefits Packages: I am currently enrolled in a Health Net Medicare Advantage plan AND Optional Benefits Package #___ and wish to switch to Optional Benefits Package #___ for an additional monthly premium of \$_____.

Please do not use this form to change Health Net Medicare Advantage Plans.

White Copy – Health Net Yellow Copy – Enrollee

If choosing Package Plan #1 or Package Plan #3, please make a dental provider selection from the Health Net Dental Provider Directory. Provider name: _____ Provider ID #: _____

Please see the last page of this form for the Optional Benefits Packages that are available with your Health Net Medicare Advantage plan.

New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. I understand that to be eligible for the Optional Supplemental Benefits Package, I must remain a member of a Health Net Medicare Advantage plan. If I disenroll from my plan, I will be automatically disenrolled from the Optional Supplemental Benefits Package. If I discontinue payment of the Optional Supplemental Benefits Package, my membership in the Optional Supplemental Benefits Package will be terminated, and my Medicare Advantage (medical) plan enrollment status will not be affected. My coverage will default to my standard Health Net Medicare Advantage (medical) plan only.

You may disenroll at any time from this option by providing written notice to Health Net, but once disenrolled, reenrollment during the same calendar year will be limited. The available election periods for the Optional Benefits are from October 15, 2013, through December 31, 2013, for a January 1, 2014, effective date; January 1, 2014, through January 31, 2014, for a February 1, 2014, effective date; or from May 15, 2014, through June 30, 2014, for a July 1, 2014, effective date.

When electing the HMO option, you understand that, beginning with the effective date of coverage for this Optional Benefits Package, in order for services to be covered, you must obtain those services through Health Net contracted providers, with the exception of emergency or urgently needed services as described in the Summary of Benefits or Evidence of Coverage (EOC). The PPO Optional Benefits Package provides two levels of coverage. In-network coverage applies when you receive services from providers within the network. Out-of-network coverage applies when you receive covered services from providers who do not participate in the network. Your cost-sharing will usually be lower when utilizing in-network providers than when accessing care out-of-network. To obtain these services at the in-network level of coverage, please refer to the Summary of Benefits or Evidence of Coverage (EOC) for the plan.

If a Health Net provider denies a request for service or payment of a claim, you may appeal the denial decision by using the Medicare appeals process as described in your Evidence of Coverage (EOC). Health Net will notify you when your effective date of coverage begins.

Go paperless! Please select which of the following Medicare materials you would like to receive online instead of by the U.S. Postal Service (USPS):

- I want to receive all available documents online, not by USPS.
- Explanation of Benefits (EOB)
- Standardized Annual Notice of Change/Evidence of Coverage (ANOC/EOC)
- Post-enrollment materials (Formulary, Provider Directory, Pharmacy Directory)
- All future available documents (You will be notified via email when a new online document type becomes available.)

You acknowledge and agree that, by selecting the document(s) above, you are consenting to receive electronic delivery via www.healthnet.com and to stop USPS delivery of the paper versions of the document(s) selected above. You agree that your consent, when issued electronically by use of your personal information or passwords, bears the same legal authority as your written signature and is binding by law. The documents selected above will be delivered to you online at www.healthnet.com instead of by USPS. In order for us to deliver the selected documents to you electronically, you must provide us with your email address where indicated on the first page. We will email you when a new document is available. To view documents online, you'll need to register and log in to www.healthnet.com using your user name and password. You may change your document delivery preferences at any time online or by calling Health Net at the number listed on this form.

Release of information:

I allow the Centers for Medicare & Medicaid Services (CMS) to give information to the plan, and I allow the Plan, Plan's doctors and clinics, or anyone else with medical or other relevant information about me, to give CMS or CMS's agents the information needed to run the Medicare program. I also give the Plan authorization to release necessary or other relevant information about me to service providers.

I understand that my signature on this application means that I have read and understand the contents of this application and agree to abide by the plan rules concerning the Optional Benefits Plans. (Please read your Evidence of Coverage document to know what rules you must follow in order to receive coverage with Health Net.)

Print name:		
Signature:		Date: (____/____/____) (M M / D D / Y Y Y Y)
<i>If you are the authorized representative, you must provide the following information:</i>		
Last name:	First name:	MI:
Address (may not be a PO box):		
City:	State:	ZIP:
Relationship to applicant:	Phone number: (____) ____ - ____	

Thank you for choosing Health Net. If you have questions regarding Health Net (HMO), Health Net Seniority Plus (HMO) or Healthy Heart (HMO), please call 1-800-275-4737 (TTY/TDD 1-800-929-9955), 8:00 a.m. to 8:00 p.m. Pacific time (PT), seven days a week. If you have questions regarding Health Net Violet (PPO), please call 1-800-960-4638 (TTY/TDD 1-800-929-9955), 8:00 a.m. to 8:00 p.m., seven days a week.

Office use only

Group #:	Effective date:
Correction of member information:	

Health Net of California, Inc. has a contract with Medicare to offer HMO plans. Health Net Life Insurance Company has a contract with Medicare to offer PPO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Individuals must have both Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information.

This information is available for free in other languages. Please call our customer service number at 1-800-275-4737. TTY/TDD users should call 1-800-929-9955. Hours are 8:00 a.m. to 8:00 p.m., seven days a week. Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con el número de nuestro servicio al cliente al 1-800 275-4737. Los usuarios de TTY/TDD deben llamar al 1-800-929-9955. El horario de atención es de 8:00 a.m. a 8:00 p.m., los siete días de la semana.

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Please review the plan package options before enrolling in an Optional Benefits Package.

Health Net Seniority Plus Green (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Ruby Select (HMO), Health Net Healthy Heart (HMO), and Health Net Violet (PPO) Optional Benefit Plan Packages

Counties	Green Plan	Healthy Heart Plan	Ruby Seniority Plus Plan	Ruby Select Plan	Violet Plan
Alameda	Plan #1 or Plan #2	Plan #1 or Plan #2			
Contra Costa	Plan #1 or Plan #2				
Fresno		Plan #1 or Plan #2			
Kern			Plan #1 or Plan #2		
Los Angeles		Plan #3 ² or Plan #5 ²	Plan #1 or Plan #2		
Orange		Plan #3 ² or Plan #5 ²	Plan #1 or Plan #2		
Placer ¹	Plan #1 or Plan #2	Plan #1 or Plan #2		Plan #1 or Plan #2	Plan #4
Riverside		Plan #3 ² or Plan #5 ²	Plan #1 or Plan #2		
Sacramento	Plan #1 or Plan #2	Plan #1 or Plan #2		Plan #1 or Plan #2	Plan #4
San Bernardino		Plan #3 ² or Plan #5 ²	Plan #1 or Plan #2		
San Diego		Plan #3 ² or Plan #5 ²	Plan #1 or Plan #2		Plan #4
San Francisco		Plan #6		Plan #1 or Plan #2	Plan #4
San Joaquin	Plan #1 or Plan #2				Plan #4
Santa Barbara ¹	Plan #1 or Plan #2				
Santa Clara				Plan #1 or Plan #2	
Santa Cruz				Plan #1 or Plan #2	
Sonoma	Plan #1 or Plan #2			Plan #1 or Plan #2	
Stanislaus	Plan #1 or Plan #2	Plan #1 or Plan #2			Plan #4
Yolo	Plan #1 or Plan #2	Plan #6		Plan #1 or Plan #2	Plan #4

Please refer to the Summary of Benefits or Evidence of Coverage (EOC) for detailed information, service areas, benefit premiums, and costs associated with each plan. Some plans are not available in all service areas.

Package Plan #1 Monthly plan premium: \$19

Benefits: Chiropractic/Acupuncture, HMO Comprehensive Dental, Eyewear and Health Club Membership/Fitness

Package Plan #2 Monthly plan premium: \$29

Benefits: Chiropractic/Acupuncture, PPO Dental, Eyewear and Health Club Membership/Fitness

Package Plan #3 Monthly plan premium: \$17

Benefits: Chiropractic/Acupuncture, HMO Comprehensive Dental and Eyewear²

Package Plan #4 Monthly plan premium: \$27

Benefits: Chiropractic/Acupuncture, PPO Dental and Eyewear

Package Plan #5 Monthly plan premium: \$27

Benefits: Chiropractic/Acupuncture, PPO Dental and Eyewear²

Package Plan #6 Monthly plan premium: \$21

Benefits: Chiropractic/Acupuncture; Additional PPO Preventive, Diagnostic and Comprehensive Dental; Eyewear; and Health Club Membership/Fitness

¹Indicates partial county. Please refer to the Health Net Dental Provider Directory for a listing of service areas.

²This option is only available for individuals enrolled or enrolling in the Healthy Heart Plan for Los Angeles, Orange, Riverside, San Bernardino, or San Diego. Health Club Membership/Fitness is included as a general benefit and is not included in the Optional Benefit Package.