



# Health Net Medicare Advantage Plans 2017 Medicare Advantage Short Enrollment Request Form

Name of plan you are enrolling in:

### Health Net Ruby 1 (HMO)

(includes prescription drug coverage)

- Maricopa \$59 per month
- Pinal \$59 per month

### Health Net Ruby 4 (HMO)

(includes prescription drug coverage)

- Cochise \$29 per month
- Pima \$0 per month
- Santa Cruz \$0 per month

### Health Net Ruby Select (HMO)

(includes prescription drug coverage)

- Maricopa and Pinal \$0 per month
- Pima \$0 per month

### Health Net Green (HMO)

(without prescription drug coverage)

- Cochise, Maricopa, Pinal,  
and Santa Cruz \$0 per month

### Health Net Jade (HMO SNP)<sup>1</sup>

(Chronic Heart Failure (CHF), Diabetes)

(includes prescription drug coverage)

- Maricopa and Pinal \$0 per month

### Health Net Jade Cardiovascular (HMO SNP)<sup>1</sup>

(Cardiovascular Disorders)

(includes prescription drug coverage)

- Maricopa and Pinal \$0 per month

### Health Net Amber (HMO SNP)<sup>\*1,2</sup>

(Full Dual Eligible beneficiaries

enrolled in Medicare and AHCCCS)

(includes prescription drug coverage)

- Maricopa \$35.10\* per month

\*Actual premium based on Low Income Subsidy status.

<sup>1</sup>You must meet specific enrollment criteria to enroll in this plan.

<sup>2</sup>Health Net members are not able to elect the Gold Packages below.

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Please check one box below if you would like to enroll in Optional Supplemental Benefits – Gold Package.

### Health Net Ruby 1, Ruby 4 and Green members:

- Gold Package 1** – Acupuncture, Chiropractic, Dental and Vision \$49 per month
- Gold Package 2** – Dental and Vision \$25 per month

### Health Net Ruby Select (Pima County) members:

- Gold Package 5** – Vision, Acupuncture and Chiropractic \$9 per month

### Health Net Jade and Jade Cardiovascular members:

- Gold Package 3** – Acupuncture, Chiropractic and Dental \$45 per month
- Gold Package 4** – Dental \$21 per month

**Medicare Number** (Note: may use “member number” instead of “Medicare number”.)

Name

Home phone number

 -  - 

Permanent residence street address (PO Box is not allowed)

City

County

State

ZIP code

**Mailing address** (only if different from your permanent residence address)

Street address

City

State

ZIP code

**Please fill out the following:**

I am currently a member of the

plan in Health Net of Arizona, Inc. with a monthly premium of \$ .

I would like to change to the

plan in Health Net of Arizona, Inc.

I understand that this plan has different health benefits and a monthly premium of \$ .

**Name of chosen Primary Care Physician (PCP), clinic or health center:**

**Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:**

Spanish     Large print

Please contact Health Net at 1-800-977-7522 if you need information in another format or language than what is listed above. Our office hours are 8:00 a.m. to 8:00 p.m., seven days a week, from October 1 through February 14. However, after February 14, your call will be handled by our automated phone system on weekends and certain holidays. TTY users should call 711.

## Your plan premium

**If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. Do NOT pay Health Net the Part D-IRMAA.**

**You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board check each month.**

**If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the Railroad Retirement Board. Do NOT pay Health Net the Part D-IRMAA.**

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

### **Please select a premium payment option:**

- Get a bill each month.
- Electronic funds transfer (EFT)
- Automatic deduction from your monthly Social Security or RRB benefit check. (The Social Security deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)



Please read this important information

Please read and sign below

Health Net of Arizona, Inc. is a plan that has a contract with the Federal government.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Health Net, he/she may be paid based on my enrollment in Health Net.

**Release of Information:** By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Health Net will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare aren't covered under Medicare while out of the country, except for limited coverage near the U.S. border.

I understand that, beginning on the date Health Net coverage begins, I must get all of my health care from Health Net, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Health Net and other services contained in my Health Net *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR HEALTH NET WILL PAY FOR THE SERVICES.**

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

**Signature**

**Today's date**

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If you are the authorized representative, you must sign above and provide the following information:

**Name**

**Address**

**Phone number**

**Relationship to enrollee**

 -  -

**OFFICE USE ONLY:**

Name of staff member/agent/broker (if assisted in enrollment):

Plan ID #:

Effective date of coverage:          
M M D D Y Y Y Y

ICEP/IEP  AEP SEP (type):   Not eligible

**Health Net sales representative / Authorized agent**

(Individual sales representative/agent who completed the application)

**Agent type** (select one):  Authorized agent  Health Net employee

**Complete section or place printed label here:**

Sales rep / Agent name:  Health Net ID #:

Sales rep / Agent NPN#:

Agency / FMO affiliation:  Health Net ID #:   
(if applicable)

**This information must match your approved Health Net licensing records.**

**Agency phone #:**  -  -

Email:

**Agency FMO phone #** (if applicable):  -  -

**Sales representative/Authorized agent application receipt date:**          
(Applications must be received at Health Net within 1 calendar day of this date) M M D D Y Y Y Y

**Application receipt location:**  Appointment  Sales event  Walk-in

Other (specify):

**Provider information for HMO plans:**

PCP name:  PCP ID:

PPG name:  PPG ID:

Is PCP/PPG selected accepted for the plan chosen?  Yes  No

Current patient?  Yes  No

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-800-977-7522 (TTY: 711), 8:00 a.m. to 8:00 p.m., Mountain time, seven days a week.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health Net of Arizona, Inc. has a contract with Medicare to offer HMO and HMO SNP coordinated care plans. Health Net has a contract with Medicare and the Arizona Health Care Cost Containment System (AHCCCS) to offer HMO SNP coordinated care plans. AHCCCS is the Medicaid plan in Arizona.

Enrollment in a Health Net Medicare Advantage plan depends on contract renewal. You must continue to pay your Medicare Part B premium. However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility.

This information is available for free in other languages. Please call our Member Services Department at 1-800-977-7522 (TTY: 711) From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. On weekends and certain holidays, your call will be handled by our automated phone system.

Esta informacion esta disponible en forma gratuita en otros idiomas. Llame al numero de nuestro Departamento de Servicios al Afiliado en 1-800-977-7522. Desde el 1 de octubre hasta el 14 de febrero, nuestro horario de atencion es de 8:00 a.m. a 8:00 p.m., los 7 dias de la semana, excepto ciertos dias feriados. Sin embargo, despues del 14 de febrero, nuestro horario de atencion sera de 8:00 a.m. a 8:00 p.m., de lunes a viernes. Los fines de semana y ciertos dias feriados su llamada sera atendida por nuestro sistema automatico de telefono. Los usuarios de TTY deben llamar al 711.







# Multi-Language Insert

## Multi-language Interpreter Services

### English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

### Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

### Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)。

### Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

### French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (ATS :711).

### Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

### German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

### Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) 번으로 전화해 주십시오.

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**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (رقم هاتف الصم والبكم: 711).

**Hindi:**

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) पर कॉल करें।

**Italian:**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

**Portuguese:**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

**French Creole:**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

**Polish:**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

**Japanese:**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)まで、お電話にてご連絡ください。

**Farsi:**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.  
با بگیرید. 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) تماس

**Armenian:**

ՈՒՇԱՂԱՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY (հեռատիպ)՝ 711):

**Cambodian:**

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ  
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)។

**Punjabi:**

ਪਿਆਰ ਦਾ ਦਿ1 ਤਾਂ ਭਾਸ਼ਾ ਵੀਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ,ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ :  
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)ਤੇ ਕਾਲ ' ਕਰੋ।

**Thai:**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

**Laotian:**

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

**Serbo-Croatian:**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Ukrainian:**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

