



Health Net Medicare Advantage Plans

2017 Optional Benefit

Individual Enrollment Form

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.

Please print

Name as it appears on Medicare card – Last:		First:	MI:	
Permanent residence address:		City:	State:	ZIP:
County of permanent residence address:		Telephone #: (____) _____-_____		
Mailing address: (if different from above)		City:	State:	ZIP:
Email address: (required if you want to receive documents online)		Birth date: (____/____/____) (MM/DD/YYYY)		Sex:
Medicare #: (from red, white and blue Medicare card) ____-____-_____		Health Net Member #:		

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

Health Net of California, Inc., PO Box 10420, Van Nuys, CA 91410-0420

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.

If choosing Package Plan #1 or #8, 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.

White Copy – Health Net Yellow Copy – Enrollee

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, 2016, through December 31, 2016, for a January 1, 2017, effective date; January 1, 2017, through January 31, 2017, for a February 1, 2017, effective date; or from May 15, 2017, through June 30, 2017, for a July 1, 2017, 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).

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.

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:		
City:	State:	ZIP:
Relationship to applicant:	Phone number: (__ __ __) __ __ __ - __ __ __ __	

Thank you for choosing Health Net. If you have questions, please call 1-800-275-4737 for HMO. TTY: 711. Hours are 8:00 a.m. to 8:00 p.m., seven days a week. 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.

White Copy – Health Net Yellow Copy – Enrollee

Office use only

Group #:	Effective date:
Correction of member information:	

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 Gold Select (HMO) Optional Benefit Plan Packages

Counties	Green Plan	Healthy Heart Plan	Ruby Plan	Ruby Select Plan	Gold Select Plan
Alameda	Plan #1 or Plan #2	Plan #1 or Plan #2		Plan #1 or Plan #2	
Fresno		Plan #1 or Plan #2			
Kern			Plan #1 or Plan #2		
Los Angeles		Plan #1 or Plan #2			Plan #7
Orange		Plan #1 or Plan #2			Plan #7
Placer ¹	Plan #1 or Plan #2	Plan #9			
Riverside		Plan #1 or Plan #2			Plan #7
Sacramento	Plan #1 or Plan #2	Plan #9			
San Bernardino		Plan #1 or Plan #2			Plan #7
San Diego		Plan #7			
San Francisco		Plan #6		Plan #8	
Santa Clara			Plan #6		
Sonoma	Plan #1 or Plan #2				
Stanislaus	Plan #1 or Plan #2	Plan #1 or Plan #2			
Yolo		Plan #9		Plan #1 or Plan #2	

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: \$25
Benefits: Chiropractic/Acupuncture, HMO Dental, Eyewear, and Fitness

Package Plan #2 Monthly plan premium: \$35
Benefits: Chiropractic/Acupuncture, PPO Dental, Eyewear, and Fitness

Package Plan #6 Monthly plan premium: \$30
Chiropractic/Acupuncture; Additional PPO Preventive, Diagnostic and Limited Comprehensive Dental; Eyewear; and Fitness

Package Plan #7 Monthly plan premium: \$12
Benefits: Chiropractic/Acupuncture and Eyewear

Package Plan #8 Monthly plan premium: \$23
Benefits: Chiropractic/Acupuncture; HMO Dental and Fitness

Package Plan #9 Monthly plan premium: \$20
Benefits: Chiropractic/Acupuncture; Eyewear and Fitness

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

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 California: **1-800-275-4737 (TTY: 711)**, 8:00 a.m. to 8:00 p.m., Pacific 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 California, Inc. and Health Net Community Solutions, Inc. has a contract with Medicare to offer HMO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

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.

The provider network may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Member Service number at California: (HMO) 1-800-275-4737, (HMO SNP) 1-800-431-9007. 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.

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 Mandarin:

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)。

Chinese Cantonese:

注意：如果您說英文，您可獲得免費的語言協助服務。請致電 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (聽障專線：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.

Y0020_2017_0001_A CMS Accepted 08222016

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).

Portugués:

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:

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Japanese:

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Navajo:

Díí baa akó nínizin: Díí saad bee yániłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kojí' hódíílnih 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

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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:

ՈՒՇԱՂՐԴՈՒԹՅՈՒՆ՝ 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 ដោយមិនគិតល្អូល 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).

