



Health Net Medicare Advantage Plans 2018 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 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 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:	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 2020, Farmington, MO 63640-2021

<p>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 \$_____.</p>
<p>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 \$_____.</p>

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

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

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, 2017, through December 31, 2017, for a January 1, 2018, effective date; January 1, 2018, through January 31, 2018, for a February 1, 2018, effective date; or from May 15, 2018, through June 30, 2018, for a July 1, 2018, 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 and 1-800-431-9007 for HMO SNP (TTY users should call 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

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 Jade Plan (HMO SNP) Optional Benefit Plan Packages

Counties	Green Plan	Healthy Heart Plan	Ruby Plan	Ruby Select Plan	Jade Plan
Alameda	Plan #1 or Plan #2	Plan #1 or Plan #2		Plan #3 or Plan #4	
Fresno		Plan #1 or Plan #2			
Kern			Plan #3 or Plan #4		
Los Angeles		Plan #1 or Plan #2			
Orange		Plan #1 or Plan #2			
Placer	Plan #1 or Plan #2	Plan #9			
Riverside		Plan #1 or Plan #2			
Sacramento	Plan #1 or Plan #2	Plan #9			
San Bernardino		Plan #1 or Plan #2			
San Diego		Plan #5			Plan #5
San Francisco		Plan #6		Plan #5 or Plan #11	
Santa Clara			Plan #10		
Sonoma	Plan #1 or Plan #2				
Stanislaus	Plan #1 or Plan #2	Plan #1 or Plan #2			
Yolo		Plan #7		Plan #3 or 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 Dental, Eyewear, and Fitness

Package Plan #2 Monthly plan premium: \$30
Benefits: Chiropractic/Acupuncture, PPO Dental, Eyewear, and Fitness

Package Plan #3 Monthly plan premium: \$13
Benefits: Chiropractic/Acupuncture, HMO Dental and Fitness

Package Plan #4 Monthly plan premium: \$23
Benefits: Chiropractic/Acupuncture, PPO Dental and Fitness

Package Plan #5 Monthly plan premium: \$10
Benefits: Chiropractic/Acupuncture and HMO Dental

Package Plan #6 Monthly plan premium: \$23
Benefits: Chiropractic/Acupuncture, PPO Dental, Eyewear, and Fitness

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

Package Plan #9 Monthly plan premium: \$12
Benefits: Chiropractic/Acupuncture, Eyewear and Fitness

Package Plan #10 Monthly plan premium: \$18
Benefits: Chiropractic/Acupuncture, HMO Dental and Fitness

Package Plan #11 Monthly plan premium: \$19
Benefits: Chiropractic/Acupuncture and PPO Dental

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: 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

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 Medicare Advantage plans have a contract with Medicare to offer HMO and HMO SNP 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 copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711)。
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711) 번으로 전화해 주십시오.
ARMENIAN	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք: 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711).
PERSIAN	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP) تماس بگیرید. 1-800-275-4737 (All Other HMO) (TTY: 711)
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (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。1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711) まで、お電話にてご連絡ください。
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (مكبلاو مصلا فتاه مقرر: 711).
PUNJABI	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

MON-KHMER,
CAMBODIAN

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូម
ទូរស័ព្ទទៅលេខ 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP),
1-800-275-4737 (All Other HMO) (TTY: 711)។

HMONG

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab
dawb rau koj. Hu rau 1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP),
1-800-275-4737 (All Other HMO) (TTY: 711).

HINDI

ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया
1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All
Other HMO) (TTY: 711). पर कॉल करें।

THAI

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-431-9007
(Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (All Other HMO)
(TTY: 711)
