



# Health Net Medicare Advantage

*What you need to know: A statement of understanding*

**Herminia  
Escobedo**  
*Health Net*

At Health Net, we take our role seriously as a Medicare plan sponsor. We realize the importance of adhering to the Centers for Medicare & Medicaid Services (CMS) requirements that state:

- All representatives of Medicare Advantage Organizations (MAOs) with a Medicare contract must make specific disclosures at all public marketing and sales meetings.

At the beginning and during this sales presentation, our Health Net presenter will share details with you about specific disclosures. You'll also receive written disclosures in your pre-enrollment materials to ensure that, as a Medicare beneficiary, you're given all of the necessary information to make an informed decision about your Medicare health plan coverage.

*Here's how we comply with CMS requirements.*

1. Our presentation sign-in sheet will clearly indicate that providing any of your contact information is optional. If you choose to provide your information, a sales representative may call you.
2. At the beginning of the presentation, our presenter will inform you of the product types that will be discussed, such as HMO, PPO or other products.
3. When discussing prescription drug coverage, our presenter will:
  - Explain or inform you of where to find information on how much you might pay for prescription drugs.
  - Explain how or where to find out which prescription drugs are covered by referencing one or more of the following: formulary book, online formulary, plan

*(continued)*

**Sales Meeting Presenter:**

**Everyone attending a Health Net sales seminar receives this statement of understanding form.**

website, 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, or Medicare plan finder. TTY/TDD users should call 1-877-486-2048.

- Describe the prescription drug coverage gap, often referred to as the “donut hole,” or where to find a description.
4. You’ll be provided with pre-enrollment materials that contain a cover letter with Health Net’s customer service telephone number, customer service hours of operation and our plan website address.
  5. The pre-enrollment materials you receive will contain various written disclosures, including plan availability for the following contract year, and how people with a limited income may qualify for extra help to pay for their prescription drugs.

6. When discussing Special Needs Plans (SNPs), as available, our presenter will explain:

- SNP eligibility requirements.
- Special election period (SEP) to enroll in, change or leave the SNP.
- The process for involuntary disenrollment if you lose your Medicaid/Medi-Cal or institutional (e.g., nursing home) status or become ineligible for the Chronic SNP.
- How drug coverage works with the SNP plan.

We recognize the importance of adhering to CMS requirements as a Medicare plan sponsor. These requirements directly impact the critical decisions you will make when selecting your Medicare health plan coverage.

Please feel free to ask us any questions about this statement. We’re here to help make health care work for you!

Health Net is a Medicare Advantage organization with a Medicare contract. Health Net is a Coordinated Care plan with a Medicare contract and a contract with the California and Arizona Medicaid programs. Health Net is a Coordinated Care plan with a Medicare contract. These contracts are renewed annually, and availability of coverage beyond the end of the contract year is not guaranteed. These plans may not be available to Medicare beneficiaries in the following contract year because by law, plan sponsors, like Health Net, can choose not to renew their contract with CMS, or they can reduce their service area, and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. 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. You must reside in the plan service area in order to apply for Health Net’s MA plans. Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

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In-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net but who do accept Medicare. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, you may be required to get prior authorization or be referred by your primary care physician for services received outside your primary care physician or medical group. If a referral or a prior authorization is required and has not been obtained, you may have to pay for these services yourself.

Medicare beneficiaries may enroll in Health Net's MA plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.Medicare.gov](http://www.Medicare.gov). For full information on this plan's benefits, including information on premium withhold or direct bill options, and other exclusions, limitations or restrictions to services not already identified in this document, please contact Health Net at Arizona: 1-800-333-3930; California: 1-800-977-6738; Oregon: 1-800-949-6192 (TTY/TDD users should call Arizona: 1-800-977-6757; California/Oregon: 1-800-929-9955) (for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., seven days a week.

This information is available for free in other languages. Please contact our customer service number at Arizona: 1-800-333-3930; California: 1-800-977-6738; Oregon: 1-800-949-6192. Our hours of operation are 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users call Arizona: 1-800-977-6757; California/Oregon: 1-800-929-9955.

Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con el número de nuestro servicio al cliente al Arizona: 1-800-333-3930; California: 1-800-977-6738; Oregon: 1-800-949-6192. Nuestro horario de atención es de 8:00 a.m. a 8:00 p.m., los siete días de la semana. Los usuarios de TTY/TDD deben llamar al Arizona: 1-800-977-6757; California/Oregon: 1-800-929-9955.

本資訊備有其他語言版本，可免費提供。請致電我們的客戶服務號碼  
Arizona : 1-800-333-3930 ; California : 1-800-977-6738 ;  
Oregon : 1-800-949-6192 。我們的服務時間為每週七天，  
每天上午 8:00 至下午 8:00 。聽障人士請致電 Arizona : 1-800-977-6757 ;  
California/Oregon : 1-800-929-9955 。

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