



Welcome to Health Net

When it comes to Medicare coverage, the right choice depends on your health, your budget and your lifestyle. Health Net makes choosing quality, cost-effective health care coverage simple with our range of Medicare Advantage (MA) plans. This booklet includes information about some of the benefits and features of our plan, how to enroll and what you can expect from Health Net after you do!

The Health Net advantage

Health Net is one of the country's leading health care companies, providing a variety of health care services and benefit programs to over 6 million people nationwide¹.

Health Net was founded on the principle that everyone deserves quality health care that is affordable, simple to use and easy to understand. We focus on you so that you can focus on being well. With everything we do, we strive to provide:

- Options to meet your needs and budget.
- Dedicated customer support to help match you with the plan that will best suit your needs.
- Access to tools and resources that keep you educated and healthy.

Important dates

October 15

This is the first day of the Annual Enrollment Period (AEP) when all beneficiaries eligible for Medicare can enroll in or disenroll from an MA plan with an effective start date of January 1 of the following year.

December 7

This is the last day of AEP when all beneficiaries eligible for Medicare can enroll in or disenroll from an MA plan with an effective start date of January 1 of the following year.



Four Easy Ways to Enroll

If you are currently receiving assistance from a Health Net authorized agent or sales representative, please contact them to help make your enrollment easier.



1
You can enroll
over the phone

For questions about our plans, or to enroll over the phone, please call a Health Net sales representative at one of the numbers listed below.

Arizona: **1-800-333-3930**; California: **1-800-977-6738**; Oregon/
Washington: **1-800-949-6192**; (TTY users should call: **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, your call will be handled
by our automated phone system on weekends and certain holidays.



2
You can
enroll online

Visit Health Net online at www.healthnet.com/medicare.

- Enter your ZIP code in the box. Choose the plan for your area into which you would like to enroll.
- Click *See More Details*.
- Click *Apply Now*, follow the step-by-step instructions on the application, then click *Submit*.



3
You can
enroll
by mail

You will find an enrollment form and return envelope with this kit, or you may print an enrollment form online. You can also ask a Health Net authorized agent or sales representative to help you. To print an enrollment form online :

- Visit www.healthnet.com/medicare and enter your ZIP code in the box. Choose the plan for your area into which you would like to enroll.
- Click on *See More Details* then *View/Print Enrollment Application* to print the enrollment form and submit by mail.

Please be sure to read all enrollment materials and fill them out carefully.
Remember to keep a copy for your records.

Mail completed, signed and dated enrollment forms to:

Health Net Medicare Enrollment
PO Box 10420
Van Nuys, CA 91410-0420



4
You can enroll
in person

Our sales representatives are knowledgeable about the Medicare options in your area and are available to walk you through our plans and services. To arrange for a Health Net sales representative to meet you in person to answer any questions and help you with the application, call

Arizona: **1-800-333-3930**; California: **1-800-977-6738**;
Oregon/Washington: **1-800-949-6192**; (TTY users should call **711**).

What to Expect after You Enroll in a Health Net Medicare Advantage Plan

Within 30 days of membership, you will receive a call from a trusted Health Net partner to go through the HRA questionnaire with you.

At Health Net, we recognize the importance of your health and wellness. Please use this new member checklist to keep your health moving in the right direction.



Expect welcome communications from Health Net

Health Net will send you a letter to confirm that we received your application and to explain how the plan works. You may use your enrollment application as temporary proof of insurance for doctor appointments.



Complete a Health Risk Assessment (HRA) Questionnaire

The comprehensive HRA questions serve to establish your health baseline. If you cannot complete the HRA with us over the phone, we will mail the HRA questionnaire to you. Please complete the form and mail it back to Health Net in the envelope provided.

If you are enrolled as a member of a chronic Special Needs Plan (SNP), your plan integrates Health Net's member-centered case management program. It includes an assessment of your health needs and risks and may include developing a personalized care plan with specific health goals.

If you are assessed as high risk, your physician may receive care alert health monitoring and reporting information to assist in managing your ongoing health.





If it has been longer than 12 months since your last annual wellness exam, please call Health Net as soon as you receive your ID card.



Annual wellness visit

If it has been longer than 12 months since your last annual wellness exam, please call Health Net as soon as you receive your ID card. We can assist you to schedule a no-cost health assessment. Simply call 1-877-899-0535 and press option 3 (TTY: 711) Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific time, except holidays.

- As a member, you may qualify to receive a no-cost health assessment in the comfort of your own home from a trusted Health Net contracted health professional.
- Or, we'll facilitate your annual wellness visit with your personal physician.



Prescription drug list and mail order pharmacy

If your plan includes Part D medications, a prescription drug list will be mailed to your home, or you can view the list online at www.healthnet.com.

- Review the Health Net prescription drug list to make sure your medications are covered. If a drug you are taking is not listed, you can:
 - talk with your doctor about changing to a covered alternative drug, or
 - you can ask us to make an exception to our coverage rules.
- Ask your doctor or pharmacist about using generic drugs instead of brand-name drugs. Generic drugs have the same active ingredients as brand-name drugs and usually cost less.
- Consider using Health Net's mail order pharmacy. You get a lower copayment, and we'll deliver up to a 90-day supply of your medication to your home.



Electronic document delivery and web education - Simplify your plan online

Health Net provides a convenient and easy way to help you and the environment. Simply visit www.healthnet.com and create a member account. Click on Delivery Preferences in the Profile section on your My Account page. You can then access information about your plan, utilize web-based resources, and view your health plan documents online, including:

- Explanation of Benefits (EOB);
- Annual Notice of Change (ANOC)/ Evidence of Coverage (EOC); and
- Post-enrollment materials that include the Comprehensive Formulary, Provider Directory and Pharmacy Directory, as it applies to your plan.

Enrollment Milestones

<i>Timeline</i>	<i>What to expect</i>
Enrollment application form completed, signed and dated	Outside of the Annual Enrollment Period (AEP), enrollment will generally be effective the 1st of the month after we receive your application. If you are turning 65 and enrolling in Medicare Part A and Part B, enrollment will generally be effective on the first day of your birthday month.
Within 7–10 days after enrolling	You will receive a letter confirming that we have received your application. You may use the yellow copy of your application as temporary proof of insurance for doctor appointments.
Within 10–14 days after enrolling ²	Medicare must review all enrollments. Once Medicare has approved your enrollment, Health Net will send you a letter to confirm coverage. You will receive a plan post-enrollment kit and ID card(s) in a separate mailing. If your plan has a premium, you will also receive an enrollment billing statement to establish a paper bill or pre-bill for an automatic bank draft (ABD) option.
Within 15 days after enrolling	We will send you a letter to verify your enrollment with Health Net and to explain the rules of your Medicare Advantage plan.
Within 60 days after enrolling	If you selected ABD, you can start paying with this option. It takes up to 60 days for withdrawals to begin. Health Net will deduct any pending balance once ABD begins.
Within 90 days after enrolling	If you selected the Social Security Administration (SSA) deduction option, this payment process may begin.



This information is not a complete description of benefits. Contact the plan for more information.

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. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage (EOC) document.

For certain kinds of drugs, you can use the plan's network mail order services. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long term medical condition. The drugs available through our plan's mail order service are marked as "mail order" drugs in our Drug List.

Our plan's mail order service requires you to order at least a 30 day supply of the drug and no more than a 90 day supply. To order forms and get information about filling your prescriptions by mail, visit our website (www.healthnet.com), or call Member Services: Arizona: 1-800-977-7522, California: 1-800-275-4737 or Oregon/Washington: 1-888-445-8913 (TTY users should call 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, your call will be handled by our automated phone system on weekends and certain holidays.

Usually a mail order pharmacy order will get to you in no more than 14 days. If your mail order is delayed, call Member Services at the number listed above for assistance.

Health Net has a contract with Medicare to offer HMO, HMO SNP and PPO plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

¹Health Net's overall membership as of 5/4/2015.

²If Medicare rejects your enrollment, Health Net will send you a letter explaining why Medicare has denied your enrollment.

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:

Arizona: 1-800-977-7522 (TTY: 711), 8:00 a.m. to 8:00 p.m., Mountain time, seven days a week.

California: 1-800-275-4737 (TTY: 711), 8:00 a.m. to 8:00 p.m., Pacific time, seven days a week.

Oregon: 1-888-445-8913 (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>

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.

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).

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

Armenian:

ՈՒՇԱՂԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 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:

ਪਧਿਆਨ ਦਫਿਤ 1 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. 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).

Ukranian:

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).

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

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (መስማት ለተሳናቸው፡ ገዘ)፡

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

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711.)