

2020 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 in 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

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Permanent residence address

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City State ZIP

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County of permanent residence address Phone number

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Mailing address (if different from above)

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City State ZIP

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Email address (required if you want to receive documents online) Birth date Sex

								<input type="checkbox"/> M
								<input type="checkbox"/> F

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Medicare # (from red, white and blue Medicare card) Health Net

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After you have completed this form, please mail it to:
Health Net of California, PO Box 10420, Van Nuys, CA 91410-0420

White – Health Net Yellow – Member

Please see page 5 of this form for the Optional Benefits Packages that are available with your Health Net Medicare Advantage plan.

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 an Optional Benefit Package that includes HMO dental, please make a dental provider selection from the Health Net Dental Provider Directory.

Provider name

Provider ID #

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

Please select a premium payment option:

- Get a bill
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: Social Security RRB

(The Social Security/RRB 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.)

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 plan (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, 2019, through December 31, 2019, for a January 1, 2020, effective date; January 1, 2020, through January 31, 2020, for a February 1, 2020, 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)*.

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

If you are the authorized representative, you must provide the following information

Last name

First name

MI

Address

City

State

ZIP

Relationship to applicant

Phone number

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Thank you for choosing Health Net. If you have questions, please call HMO: 1-800-275-4737 (TTY: 711), HMO SNP: 1-800-431-9007 (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 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 of coverage

M M D D Y Y Y Y

Correction of member information

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Please review the options before enrolling in an Optional Benefits Package.

Plan Name	Counties	Optional Supplemental Package Name
Health Net Seniority Plus Green (HMO) H0562-045	Alameda, Placer, Sacramento and Stanislaus counties, CA	Health Net Total Fit plus or Health Net Total Fitness FLEX
Health Net Healthy Heart (HMO) H0562-068	Alameda and Stanislaus counties, CA	
Health Net Healthy Heart (HMO) H0562-090	Fresno County, CA	
Health Net Healthy Heart (HMO) H0562-100-001	Los Angeles and Orange counties, CA	
Health Net Healthy Heart (HMO) H0562-100-002	Riverside and San Bernardino counties, CA	
Health Net Seniority Plus Ruby (HMO) H0562-079	Kern County, CA	Health Net TotalFit or Health Net FLEX Total-Fit
Health Net Ruby Select (HMO) H0562-103	Yolo County, CA	
Health Net Jade (HMO C-SNP) H0562-117	San Francisco County, CA	Health Net Enhanced Dental
Health Net Healthy Heart (HMO) H0562-120	Santa Clara and Stanislaus counties, CA	
Health Net Healthy Heart (HMO) H0562-039	Yolo County, CA	Health Net Essentials
Health Net Healthy Heart (HMO) H0562-084	Placer and Sacramento counties, CA	Health Net Fit
Health Net Healthy Heart (HMO) H0562-009	San Francisco County, CA	Health Net Fit plus
Health Net Healthy Heart (HMO) H0562-012	San Diego County, CA	Health Net Total or Health Net Total FLEX
Health Net Ruby Select (HMO) H0562-097	San Francisco County, CA	
Health Net Jade (HMO C-SNP) H0562-114	San Diego County, CA	
Health Net Healthy Heart (HMO) H0562-119	Imperial County, CA	Health Net Total

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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.

Health Net Total Fit plus	Monthly plan premium: \$20 Benefits: Preventive & Comprehensive HMO Dental, Eyewear, Chiropractic, Acupuncture and Fitness
Health Net Total Fitness FLEX	Monthly plan premium: \$35 Benefits: Preventive & Comprehensive PPO Dental, Eyewear, Chiropractic, Acupuncture and Fitness
Health Net TotalFit	Monthly plan premium: \$14 Benefits: Preventive & Comprehensive HMO Dental, Chiropractic, Acupuncture and Fitness
Health Net FLEX Total-Fit	Monthly plan premium: \$30 Benefits: Preventive & Comprehensive PPO Dental, Chiropractic, Acupuncture and Fitness
Health Net Enhanced Dental	Monthly plan premium: \$8 Benefits: Preventive & Comprehensive HMO Dental
Health Net Essentials	Monthly plan premium: \$9 Benefits: Eyewear, Chiropractic and Acupuncture
Health Net Fit	Monthly plan premium: \$12 Benefits: Eyewear, Chiropractic, Acupuncture and Fitness
Health Net Fit plus	Monthly plan premium: \$32 Benefits: Comprehensive PPO Dental, Eyewear, Chiropractic, Acupuncture and Fitness
Health Net Total	Monthly plan premium: \$11 Benefits: Preventive & Comprehensive HMO Dental, Chiropractic and Acupuncture
Health Net Total FLEX	Monthly plan premium: \$28 Benefits: Preventive & Comprehensive PPO Dental, Chiropractic and Acupuncture

Health Net is contracted with Medicare for HMO and HMO SNP plans. Enrollment in Health Net depends on contract renewal.

FRM032934EK00 (7/19)

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