



Optional Supplemental Benefits

2012 Individual Enrollment Form

Health Net Medicare Advantage Plans

Health Net offers Optional Supplemental Benefits (OSB) for an additional monthly premium.

Members who wish to add an Optional Supplemental Benefits Package to their existing Health Net Medicare Advantage plan may use this OSB enrollment form. Members currently enrolled in an OSB may use this form to switch or add a different OSB option. Please select from the plan package options listed on the next page before enrolling.

Please keep the yellow copy of this form as your temporary ID card until your new ID card is mailed to you. Please do not use this form to change Health Net Medicare Advantage plans.

Please print

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

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

Health Net Medicare Advantage, 13221 SW 68th Pkwy, Ste #200, Tigard, OR 97223

Please complete the following:

I am currently enrolled in: _____ and wish to enroll in the
(list Health Net Medicare Advantage plan name above)

following optional supplemental benefit package(s):

- Extended Dental Option – \$23 per month (Available to Healthy Heart (PPO), Violet Option 1 (PPO), and Aqua (PPO) members)
- Preventive Dental Plus Option – \$31 per month (Available to Violet Option 2 (PPO) and Ruby (HMO) members)
- Routine Vision Option – \$6 per month (Available to Violet Option 2 (PPO) and Ruby (HMO) members)

Please note: For Violet Option 2 (PPO) and Ruby (HMO), you may choose either the Preventive Dental Plus Option or the Routine Vision Option, or else both the Preventive Dental Plus and Routine Vision options.

White – Health Net Yellow – Member

	<i>Extended Dental Option</i>	<i>Preventive Dental Plus Option</i>	<i>Routine Vision Option</i>
Plan	Health Net Healthy Heart (PPO), Health Net Violet Option 1 (PPO), Health Net Aqua (PPO)	Health Net Violet Option 2 (PPO), Health Net Ruby (HMO)	Health Net Violet Option 2 (PPO), Health Net Ruby (HMO)
Monthly premium	\$23	\$31	\$6
Routine benefits	Extended Dental coverage: restorative and non-surgical periodontal services	Preventive Dental Plus coverage: preventive, restorative and non-surgical periodontal services	Routine Vision coverage: routine eye exam and eyewear

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 not be permitted. The available election periods for the Optional Supplemental Benefits are from October 15, 2011 through December 31, 2011, for a January 1, 2012 effective date and from January 1, 2012 through January 31, 2012 for a February 1, 2012 effective date.

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.

Go paperless! Please select which of the following Medicare materials you would like to receive online instead of by U.S. Mail (provide email address on page 1):

- I want to receive all available documents online, not by U.S. Mail
- Explanation of Benefits (EOB)
- Standardized Annual Notice of Change/Evidence of Coverage (ANOC/EOC)
- Post Enrollment Materials (Formulary, Provider Directory, Pharmacy Directory)
- Directory Change Pages
- All future available documents (you will be notified via email when a new online document type becomes available)

You acknowledge and agree that, by selecting the document(s) above, you are consenting to receive electronic delivery via www.healthnet.com and to stop U.S. Mail delivery of the paper versions of the document(s) selected above. You agree that your consent, when issued electronically by use of your personal information or passwords, bears the same legal authority as your written signature and is binding by law. The documents selected above will be delivered to you online at www.healthnet.com, instead of by U.S. Mail. In order for us to deliver the selected documents to you electronically, you must provide us with your email address where indicated on the first page. We will email you when a new document is available. To view documents online, you'll need to register and log on to www.healthnet.com using your user name and password. You may change your document delivery preferences at any time online or by calling Health Net at the number listed on this form.

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 Supplemental Benefits Plans. (Please read your Evidence of Coverage document to know what rules you must follow in order to receive coverage with Health Net.)

_____ /_____/_____
Signature of beneficiary (MM/DD/YYYY) *Health Net representative’s signature*

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

Name: _____

Address: _____

Phone number: _____ - _____ - _____ **Relationship to enrollee:** _____

Thank you for choosing Health Net. If you have questions, please call us at 1-888-445-8913 (TTY/TDD 1-800-929-9955 for the hearing and speech impaired), 8:00 a.m.–8:00 p.m., 7 days a week.

<i>Office use only</i>	
Group #:	Effective date:
Correction of member information:	

Health Net. A Medicare Advantage organization with a Medicare contract. This contract is renewed annually, and availability of coverage beyond the end of the contract year is not guaranteed. This plan 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. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. Benefits, premium, and/or copayments/coinsurance may change on January 1, 2013. 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. Limitations, copayments/coinsurance and restrictions may apply. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information.

This information is available for free in other languages. Please contact our customer service number at 1-888-445-8913 for additional information. Our hours of operation are 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users call 1-800-929-9955.

Health Net Health Plan of Oregon, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.