

Please check the Optional Supplemental Benefit (OSB) package(s) that you wish to enroll in. (cont'd)

Violet Option 3 (PPO)

Douglas and Josephine counties, OR

Preventive Dental Plus (\$31 per month premium) and/or Routine Vision (\$6 per month premium)

Aqua (PPO)

Benton, Clackamas, Douglas, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties, OR; Clark County, WA

Preventive Dental Plus (\$31 per month premium)

	<i>Preventive Dental Plus Option</i>	<i>Routine Vision Option</i>
Monthly premium	\$31	\$6
Routine benefits	Preventive Dental Plus Optional Benefits Package: includes preventive, restorative and nonsurgical periodontal services	Routine Vision Optional Benefits Package: includes routine eye exam and routine eyewear allowance

Please refer to your *Evidence of Coverage* (EOC) for full benefit details.

I understand that to be eligible for an 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(s). If I discontinue payment of the Optional Supplemental Benefits Package(s), my membership in the Optional Supplemental Benefits Package(s) will be terminated. However, I will remain enrolled in my standard Health Net Medicare Advantage (medical) plan.

The open enrollment periods for Optional Supplemental Benefits for current Health Net Medicare Advantage members are from October 15, 2014, through December 31, 2014, for a January 1, 2015, effective date and from January 1, 2015, through January 31, 2015, for a February 1, 2015, effective date. New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. Members may disenroll at any time from an Optional Supplemental Benefits package by providing written notice to Health Net. The disenrollment date will be the first day of the month following Health Net's receipt of the disenrollment request. Once disenrolled, members must wait until the next open enrollment period to enroll for a January 1 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)
- 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 in 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.

White – Health Net Yellow – Member

