Health Net[®]

Optional Supplemental Benefits 2015 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, if available. Please select from the plan package options listed below 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

Last name (as it appears on Medicare card):		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: $(M M D D V Y Y Y Y)$					Y Y Y Y)
Medicare # :		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 check the Optional Supplemental Benefit (OSB) package(s) that you wish to enroll in.

Ruby (HMO) and Jade (HMO SNP)

Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties, OR □ Preventive Dental Plus (\$31 per month premium)

Violet Option 1 (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)

Violet Option 2 (PPO)

Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties, OR; Clark County, WA Preventive Dental Plus (\$31 per month premium) *and/or* Routine Vision (\$6 per month premium)

Douglas, Jackson and Josephine counties, OR

(continued)

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)

	Preventive Dental Plus Option	Routine Vision Option
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

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.)

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Signature of beneficiary		Health Net representative's signature
If you are the authorized represent	ative, you must provide the following	g information:
Name:		
Address:		
Phone #:	Relationship to enrollee:	
Thank you for choosing Health Ne call 711 for the hearing and speech		s at 1-888-445-8913 (TTY users should

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.

Office use only	
Group #:	Effective date:
Correction of member information:	

Health Net has a contract with Medicare to offer HMO, PPO and HMO SNP coordinated care plans Enrollment in a Health Net Medicare Advantage plan depends on contract renewal. 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 complete description of benefits. For more information, contact the plan. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. 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 call our customer service number at 1-888-445-8913 (TTY users should call 711).

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