

# HEALTH NET MEDICARE ADVANTAGE STATEMENTS OF UNDERSTANDING AND COMPLIANCE

*Medicare beneficiary should initial each box confirming that the sales agent has reviewed each item listed below, and that the beneficiary understands this important enrollment information.*

Beneficiary  
Initials:

	<p>The person that is discussing plan options with you is either employed by or contracted with a subsidiary of Health Net, Inc., and may be compensated based on your enrollment in a Health Net Medicare Advantage plan. <b>This person does not represent Medicare or any branch of the federal or state government.</b></p>
	<p>When enrolling in a Health Net Medicare Advantage plan, I understand that I will be automatically disenrolled from any other Medicare Advantage or Part D plan. I understand that I can only be enrolled in one Medicare Advantage plan at a time.</p>
	<p>I understand that the Medicare Advantage health plan I have selected is <i>not</i> a Medicare Supplemental (Medigap) plan. Medicare Advantage plans provide your Medicare health coverage. Health Net will be responsible for your medical services. You will use your Health Net ID card rather than your Medicare card. Should you decide to leave your Medicare Advantage plan in the future, you will retain your eligibility for Original Medicare.</p>
	<p>I understand that I am responsible for continuing to pay the Medicare Part B premium in addition to any plan premium.</p>
	<p>I understand that the proposed effective date on the application is not guaranteed and enrollment is not effective until eligibility has been verified by the Centers for Medicare and Medicaid Services (CMS).</p>
	<p>You must be a resident in the Health Net Medicare Advantage service area to enroll. You cannot remain outside the plan service area for more than 6 consecutive months. If you move from the plan service area, you must inform Health Net’s Customer Contact Center immediately.</p>
	<p>In-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net and who accept Medicare.</p> <p>You must use Health Net contracted physicians, hospitals, and other providers, and certain services may require a referral or authorization. If routine care is obtained from out-of-network providers, neither Medicare nor Health Net will be responsible for the costs associated with the care unless the care is prior authorized by Health Net.</p>

	<p>Special Needs Plan (SNP) Enrollees Only:</p> <ol style="list-style-type: none"> <li>1. I qualify for enrollment in the Health Net's Dual Eligible SNP (Amber (HMO) Plan) by meeting one of the income eligibility requirements governed by the federal government and/or the State of Arizona. I have____ / have not____ provided written proof of my eligibility to the sales agent.</li> <li>2. I have been informed by the sales agent and understand that Health Net has additional health care management requirements, governed by federal regulation, for members who are enrolled in a Medicare Advantage SNP. I agree to work with Health Net to meet these requirements to the best of my ability.</li> </ol>
	<p>The agent has:</p> <ol style="list-style-type: none"> <li>1. Reviewed the information in the enrollment packet with me. I am comfortable enrolling in the plan I have selected.</li> <li>2. Provided me with his/her business card with a business phone number should I have additional questions.</li> <li>3. Provided me with a copy of the completed application, all required materials, and a copy of this form.</li> </ol>

**Enrollee Statement:**

By signing this form, I certify that my agent has reviewed this information with me, and the information I have supplied to the agent has been accurately recorded here.

Enrollee's Name		Enrollee Phone #	
Medicare #		Plan Selected	
Legal Representative Name (or NA)		Legal Rep Phone #	

**Agent Statement:**

I certify that I have reviewed this document, the summary of benefits for the selected product, and other Health Net or CMS required information with the enrollee; that the information on the application has been provided to me by the enrollee and/or their legal representative; and that the enrollee or legal representative has signed the enrollment application.

Agent Name		Agent Signature	
Agent Health Net #		Date	

**AGENT: You must submit a copy of this form along with the enrollment application.  
Please keep a copy for your records.**

White - Health Net      Yellow - Enrollee      Pink - Writing Agent

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M0004\_2010\_0044 (H0351, H0562, H0755, H5439, H5520) CMS approval: (F&U)

Health Net of Arizona, Inc. is a Medicare Advantage (MA) Organization with a Medicare contract. A health plan's contract with Medicare is renewed annually, and coverage beyond the end of the current contract year is not guaranteed. Anyone entitled to Medicare Part A and enrolled in Part B and residing in the service area of the plan may apply. Medicare beneficiaries can only enroll in these plans during certain times of the year. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Limitations, restrictions, copayments, and coinsurances may apply. Plan benefits and cost-sharing may vary by plan, county, and region.

In-network providers are those providers who contract with Health Net. Out-of-network providers are those who do not have a contract with Health Net and who accept Medicare. Members enrolled in a Health Net MA HMO plan must receive all routine care from in-network providers, except in emergent or urgent care situations, or for out-of-area renal dialysis. If Health Net MA HMO members obtain routine care from out-of-network providers, neither Medicare nor Health Net will be responsible for the costs. With few exceptions, you will need to get referrals (approval in advance) from your primary care physician. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself. Members enrolled in a Health Net MA Preferred Provider Organization (PPO) plan can receive care from out-of-network providers. Receiving this care out-of-network may cost more than receiving care from Health Net's in-network providers, except in urgent or emergent situations. No referrals are required for Health Net PPO plan members. Health Net provides reimbursement for all covered benefits, regardless of whether they are received in-network or out-of-network, as long as they are medically necessary.

The Medicare Prescription Drug Benefit is only available to members who have enrolled in a Health Net Medicare Advantage with Part D (MA-PD) plan. You must reside in the plan service area in order to apply for Health Net's MA-PD plan. Eligible Medicare beneficiaries enrolled in Health Net's MA-PD plan must use network pharmacies to access their prescription drug benefit (except under non-routine circumstances when you cannot reasonably use network pharmacies). Beneficiaries that are already enrolled in a Health Net MA-PD plan must receive their Medicare Prescription Drug Benefit through that Plan and may be enrolled in only one MA-PD plan at a time. Beneficiaries enrolled in an MA Plan may not enroll in a PDP, unless they are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare prescription drug coverage, a Medical Savings Account MA Plan (MSA), or an 1876 Cost Plan.

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join a Health Net MA-PD plan, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra help, you can see if you qualify by calling: 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), 24 hours a day, 7 days a week; your State Medicaid Office; or the Social Security Administration at 1-800-772-1213 (TTY/TDD users should call 1-800-325-0778) between 7:00 a.m. and 7:00 p.m., Monday through Friday.

Medicare beneficiaries may enroll in Health Net's Medicare Advantage plans through the Centers for Medicare & Medicaid Services Online Enrollment Center located at [www.Medicare.gov](http://www.Medicare.gov). For more information, contact Health Net at 1-800-333-3930 (TTY 1-800-977-6757 for the hearing impaired), 8:00 a.m. - 8:00 p.m., 7 days a week.

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