

Home



MEDICARE SUPPLEMENT PLAN



OUTLINE OF COVERAGE



HEALTH NET LIFE

Outline of Individual Medicare Supplement Plan Coverage – Effective July 1, 2011 Benefit Plans A, C, F, F+ (high deductible) and G are offered by Health Net Life Insurance Company (HNL)

Medicare supplement insurance can be sold in only standard plans. This chart shows the benefits included in each plan that can be sold on or after June 1, 2010. Every insurance company must offer Plan A. Some plans may not be available.

THE BASIC BENEFITS INCLUDED IN ALL PLANS ARE:

Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Medicare Part B coinsurance (usually 20 percent of the Medicare-approved amount) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

| A | B | C | D | F/F+ |
|---|--|---|--|--|
| Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance* |
| | | Skilled Nursing Facility Coinsurance | Skilled Nursing Facility Coinsurance | Skilled Nursing Facility Coinsurance |
| | Part A Deductible | Part A Deductible | Part A Deductible | Part A Deductible |
| | | Part B Deductible | | Part B Deductible |
| | | | | Part B Excess (100%) |
| | | Foreign Travel Emergency | Foreign Travel Emergency | Foreign Travel Emergency |

*Plan F also has an option called a High Deductible Plan F, designated by Health Net Life as Plan F+. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from Plan F+ will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

| G | K | L | M | N |
|---|--|--|--|---|
| Basic, including 100% Part B coinsurance | Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER |
| Skilled Nursing Facility Coinsurance | 50% Skilled Nursing Facility Coinsurance | 75% Skilled Nursing Facility Coinsurance | Skilled Nursing Facility Coinsurance | Skilled Nursing Facility Coinsurance |
| Part A Deductible | 50% Part A Deductible | 75% Part A Deductible | 50% Part A Deductible | Part A Deductible |
| Part B Excess (100%) | | | | |
| Foreign Travel Emergency | | | Foreign Travel Emergency | Foreign Travel Emergency |
| | Out-of-pocket limit \$4,640; paid at 100% after limit reached | Out-of-pocket limit \$2,320; paid at 100% after limit reached | | |

PREMIUM INFORMATION

We, Health Net Life (HNL) can only raise your premium if we raise the premium for all policies like yours in California. Premiums in this Outline of Coverage will increase periodically due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the Medicare Supplement Plan Policy will be the renewal premium in effect for your attained age. You will receive written notification of any changes in payment fees at least 30 days prior to the effective date of the new rate.

Health Net Life provides an initial 6-month rate guarantee to members enrolling for the first time into a Health Net Life Medicare Supplement plan. During your 6-month rate guarantee period, your premium will not increase even if Health Net Life has a rate increase, you have a birthday which moves you into the next higher

age rate bracket or you move to a county in a different region that has a higher premium. If during your 6-month rate guarantee period you choose to enroll in a different Health Net Life Medicare Supplement plan, your 6-month rate guarantee period will end, and you will be charged the premium for the new plan selected.

HNL OFFERS VARIOUS PAYMENT OPTIONS: MONTHLY BILLING AND AUTOMATIC BANK DRAFT (ABD).

The term of your health plan is month-to-month, commencing on the date set forth in the Notice of Acceptance. Your coverage will remain in effect for each month for which premiums are received on or before the date it is due, or within the grace period.

This plan is subject to Guaranteed Renewability.

Use this outline to compare benefits and premium among policies:

Rates Effective July 1, 2011

| Region 1, Counties: Alameda, Contra Costa, San Diego, Shasta, Sonoma | | | | | |
|--|---------------|---------------|---------------|----------------|---------------|
| Age Range | Plan A | Plan C | Plan F | Plan F+ | Plan G |
| 65-66 | \$96 | \$137 | \$137 | \$58 | \$126 |
| 67-68 | \$106 | \$151 | \$151 | \$63 | \$139 |
| 69-70 | \$115 | \$164 | \$164 | \$69 | \$151 |
| 71-72 | \$124 | \$177 | \$177 | \$74 | \$163 |
| 73-74 | \$134 | \$191 | \$191 | \$80 | \$176 |
| 75-76 | \$143 | \$204 | \$204 | \$86 | \$188 |
| 77-78 | \$152 | \$217 | \$217 | \$91 | \$200 |
| 79-80 | \$160 | \$229 | \$229 | \$96 | \$211 |
| 81-84 | \$173 | \$247 | \$247 | \$104 | \$227 |
| 85+ | \$193 | \$276 | \$276 | \$116 | \$254 |
| Disabled Under 65 | \$193 | \$276 | \$276 | \$116 | \$254 |
| Region 2, Counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yuba | | | | | |
| Age Range | Plan A | Plan C | Plan F | Plan F+ | Plan G |
| 65-66 | \$88 | \$126 | \$126 | \$53 | \$116 |
| 67-68 | \$97 | \$139 | \$139 | \$58 | \$128 |
| 69-70 | \$106 | \$151 | \$151 | \$63 | \$139 |
| 71-72 | \$114 | \$163 | \$163 | \$68 | \$150 |
| 73-74 | \$123 | \$176 | \$176 | \$74 | \$162 |
| 75-76 | \$131 | \$187 | \$187 | \$79 | \$172 |
| 77-78 | \$140 | \$200 | \$200 | \$84 | \$184 |
| 79-80 | \$147 | \$210 | \$210 | \$88 | \$193 |
| 81-84 | \$159 | \$227 | \$227 | \$95 | \$209 |
| 85+ | \$178 | \$254 | \$254 | \$107 | \$234 |
| Disabled Under 65 | \$178 | \$254 | \$254 | \$107 | \$234 |

Region 3, Counties: Los Angeles, Orange

| Age Range | Plan A | Plan C | Plan F | Plan F+ | Plan G |
|-------------------|--------|--------|--------|---------|--------|
| 65-66 | \$109 | \$155 | \$155 | \$65 | \$143 |
| 67-68 | \$120 | \$171 | \$171 | \$72 | \$157 |
| 69-70 | \$131 | \$187 | \$187 | \$79 | \$172 |
| 71-72 | \$141 | \$201 | \$201 | \$84 | \$185 |
| 73-74 | \$152 | \$217 | \$217 | \$91 | \$200 |
| 75-76 | \$162 | \$231 | \$231 | \$97 | \$213 |
| 77-78 | \$173 | \$247 | \$247 | \$104 | \$227 |
| 79-80 | \$182 | \$260 | \$260 | \$109 | \$239 |
| 81-84 | \$196 | \$280 | \$280 | \$118 | \$258 |
| 85+ | \$220 | \$314 | \$314 | \$132 | \$289 |
| Disabled Under 65 | \$220 | \$314 | \$314 | \$132 | \$289 |

Region 4, Counties: Kern, Napa, Riverside, San Bernardino, Ventura

| Age Range | Plan A | Plan C | Plan F | Plan F+ | Plan G |
|-------------------|--------|--------|--------|---------|--------|
| 65-66 | \$102 | \$145 | \$145 | \$61 | \$133 |
| 67-68 | \$112 | \$160 | \$160 | \$67 | \$147 |
| 69-70 | \$122 | \$174 | \$174 | \$73 | \$160 |
| 71-72 | \$131 | \$187 | \$187 | \$79 | \$172 |
| 73-74 | \$141 | \$202 | \$202 | \$85 | \$186 |
| 75-76 | \$151 | \$216 | \$216 | \$91 | \$199 |
| 77-78 | \$161 | \$230 | \$230 | \$97 | \$212 |
| 79-80 | \$169 | \$242 | \$242 | \$102 | \$223 |
| 81-84 | \$183 | \$261 | \$261 | \$110 | \$240 |
| 85+ | \$204 | \$292 | \$292 | \$123 | \$269 |
| Disabled Under 65 | \$204 | \$292 | \$292 | \$123 | \$269 |

Region 5, Counties: El Dorado, Fresno, Imperial, Placer, Sacramento, Santa Cruz, Solano, Tulare, Yolo

| Age Range | Plan A | Plan C | Plan F | Plan F+ | Plan G |
|----------------------|--------|--------|--------|---------|--------|
| 65-66 | \$83 | \$119 | \$119 | \$50 | \$109 |
| 67-68 | \$92 | \$131 | \$131 | \$55 | \$121 |
| 69-70 | \$100 | \$143 | \$143 | \$60 | \$132 |
| 71-72 | \$108 | \$154 | \$154 | \$65 | \$142 |
| 73-74 | \$116 | \$166 | \$166 | \$70 | \$153 |
| 75-76 | \$124 | \$177 | \$177 | \$74 | \$163 |
| 77-78 | \$132 | \$189 | \$189 | \$79 | \$174 |
| 79-80 | \$139 | \$199 | \$199 | \$84 | \$183 |
| 81-84 | \$151 | \$215 | \$215 | \$90 | \$198 |
| 85+ | \$168 | \$240 | \$240 | \$101 | \$221 |
| Disabled Under 65 | \$168 | \$240 | \$240 | \$101 | \$221 |

READ YOUR MEDICARE SUPPLEMENT PLAN POLICY VERY CAREFULLY

This is only an outline describing your Medicare Supplement Plan Policy's most important features. This Medicare Supplement Plan Policy is your contract. You must read the Medicare Supplement Plan Policy itself to understand all of the rights and duties of both you and HNL.

THIRTY-DAY RIGHT TO RETURN THE MEDICARE SUPPLEMENT PLAN POLICY

If you find you are not satisfied with your Medicare Supplement Plan Policy, you may return it to HNL Medicare Supplement Plan at: PO Box 10420, Van Nuys, CA 91409-0420, Attention: Membership Accounting. If you send the Medicare Supplement Plan Policy back to us within 30 days after you receive it, we will treat the Contract as if it had never been issued and return all of your payments.

MEDICARE SUPPLEMENT PLAN POLICY REPLACEMENT

If you are replacing another health insurance Policy, do NOT cancel it until you have actually received your new Medicare Supplement Plan Policy and are sure you want to keep it.

DISCLOSURES

This Policy may not fully cover all your medical costs. Neither HNL nor any of its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "The Medicare Handbook" for more details. For additional information concerning Policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, **1-800-434-0222**, for a referral to your local HICAP office. HICAP is a service provided free of charge by the State of California.

COMPLETE ANSWERS ARE VERY IMPORTANT

You do not need to answer questions about your medical and health history if you are applying for coverage during an open enrollment or guarantee issue period.

When you fill out the application for the HNL Medicare Supplement Plan, be sure to truthfully and completely answer all questions about your medical and health history. HNL may have the right to cancel your Medicare Supplement Plan Policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

An example showing a physician's charges

The following are examples of how the Plans pay benefits for Part B charges, assuming a physician bill of \$2,000 and the annual Medicare Part B deductible of \$162 has been met.

| | Physician Accepts Assignment | Physician Does not Accept Assignment |
|--|------------------------------|--------------------------------------|
| Plan: A and C | | |
| Charges Approved for Payment by Medicare | \$1,850 | \$1,850 |
| Medicare pays 80% of Approved Charges | \$1,480 | \$1,480 |
| This policy pays | \$370 | \$370 |
| You Pay Coinsurance | \$0 | \$150 |

| | Physician Accepts Assignment | Physician Does not Accept Assignment |
|--|------------------------------|--------------------------------------|
| Plan: F and G | | |
| Charges Approved for Payment by Medicare | \$1,850 | \$1,850 |
| Medicare pays 80% of Approved Charges | \$1,480 | \$1,480 |
| This policy pays | \$370 | \$520 |
| You Pay Coinsurance | \$0 | \$0 |

If your physician accepts assignment of Medicare benefits, the difference between your physician's charge, (\$2,000) and the Part B Charges Approved for Payment by Medicare (\$1,850) is absorbed by your physician and you pay no coinsurance. If your physician does not accept assignment of Medicare benefits, you pay the Part B Excess Charges.

Unlike Plans A and C, Plans F and G pay Part B Excess Charges. Part B Excess Charges are the difference between physician charges and the Charges Approved for Payment by Medicare. If you enroll in Plans F or G, you pay no Part B coinsurance.



PLAN A

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|------------------------|------------------------------------|-----------------------------|
| HOSPITALIZATION* | | | |
| Semiprivate room and board, general nursing and miscellaneous service and supplies | | | |
| First 60 days | All but \$1,132 | \$0 | \$1,132 (Part A deductible) |
| 61st through 90th day | All but \$283 a day | \$283 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$566 a day | \$566 a day | \$0 |
| Once lifetime reserve days are used: | | | |
| • Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** |
| • Beyond the additional 365 days | \$0 | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st through 100th day | All but \$141.50 a day | \$0 | Up to \$141.50 a day |
| 101st day and after | \$0 | \$0 | All costs |

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|--|--------------------------------|------------|
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

PLAN A

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|---------------|---------------------------|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$162 of Medicare-approved amounts* | \$0 | \$0 | \$162 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints | \$0 | All costs | \$0 |
| Next \$162 of Medicare-approved amounts* | \$0 | \$0 | \$162 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---------------|-----------|---------------------------|
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |
| HOME HEALTH CARE – MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment | 100% | \$0 | \$0 |
| First \$162 of Medicare-approved amounts* | \$0 | \$0 | \$162 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|------------------------|------------------------------------|-----------|
| HOSPITALIZATION* | | | |
| Semiprivate room and board, general nursing and miscellaneous service and supplies | | | |
| First 60 days | All but \$1,132 | \$1,132 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$283 a day | \$283 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$566 a day | \$566 a day | \$0 |
| Once lifetime reserve days are used: | | | |
| • Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** |
| • Beyond the additional 365 days | \$0 | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st through 100th day | All but \$141.50 a day | Up to \$141.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|--|--------------------------------|------------|
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

PLAN C

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|---------------------------|-----------|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$162 of Medicare-approved amounts* | \$0 | \$162 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints | \$0 | All costs | \$0 |
| Next \$162 of Medicare-approved amounts* | \$0 | \$162 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---------------|---------------------------|---------|
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |
| HOME HEALTH CARE – MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment | 100% | \$0 | \$0 |
| First \$162 of Medicare-approved amounts* | \$0 | \$162 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

OTHER BENEFITS – NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---------------|---|--|
| FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|------------------------|------------------------------------|-----------|
| HOSPITALIZATION* | | | |
| Semiprivate room and board, general nursing and miscellaneous service and supplies | | | |
| First 60 days | All but \$1,132 | \$1,132 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$283 a day | \$283 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$566 a day | \$566 a day | \$0 |
| Once lifetime reserve days are used: | | | |
| • Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** |
| • Beyond the additional 365 days | \$0 | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st through 100th day | All but \$141.50 a day | Up to \$141.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|--|--------------------------------|------------|
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|---------------------------|---------|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$162 of Medicare-approved amounts* | \$0 | \$162 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints | \$0 | All costs | \$0 |
| Next \$162 of Medicare-approved amounts* | \$0 | \$162 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---------------|---------------------------|---------|
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |
| HOME HEALTH CARE – MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment | 100% | \$0 | \$0 |
| First \$162 of Medicare-approved amounts* | \$0 | \$162 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

OTHER BENEFITS – NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|---|--|
| FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,000 calendar-year deductible. Benefits from Plan F+ will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,000 DEDUCTIBLE, PLAN PAYS | IN ADDITION TO \$2,000 DEDUCTIBLE, YOU PAY |
|---|---------------------|---|--|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous service and supplies | | | |
| First 60 days | All but \$1,132 | \$1,132 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$283 a day | \$283 a day | \$0 |
| 91st day and after: • While using 60 lifetime reserve days | All but \$566 a day | \$566 a day | \$0 |
| Once lifetime reserve days are used: • Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** |
| • Beyond the additional 365 days | \$0 | \$0 | All costs |

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,000 DEDUCTIBLE, PLAN PAYS | IN ADDITION TO \$2,000 DEDUCTIBLE, YOU PAY |
|--|--|---|--|
| <p>SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>First 20 days 21st through 100th day 101st day and after</p> | <p>All approved amounts All but \$141.50 a day \$0</p> | <p>\$0 Up to \$141.50 a day \$0</p> | <p>\$0 \$0 All costs</p> |
| <p>BLOOD First 3 pints Additional amounts</p> | <p>\$0 100%</p> | <p>3 pints \$0</p> | <p>\$0 \$0</p> |
| <p>HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p> | <p>All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare copayment/ coinsurance</p> | <p>\$0</p> |

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,000 calendar-year deductible. Benefits from Plan F+ will not begin until out-of-pocket expenses exceed \$2,000.

Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy.

This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,000 DEDUCTIBLE, PLAN PAYS | IN ADDITION TO \$2,000 DEDUCTIBLE, YOU PAY |
|---|---------------|---|--|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$162 of Medicare-approved amounts* | \$0 | \$162 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,000 DEDUCTIBLE, PLAN PAYS | IN ADDITION TO \$2,000 DEDUCTIBLE, YOU PAY |
|--|--------------------|--|---|
| BLOOD First 3 pints Next \$162 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 \$0 80% | All costs \$162 (Part B deductible) 20% | \$0 \$0 \$0 |
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |
| HOME HEALTH CARE – MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment First \$162 of Medicare-approved amounts* Remainder of Medicare-approved amounts | 100% \$0 80% | \$0 \$162 (Part B deductible) 20% | \$0 \$0 \$0 |
| OTHER BENEFITS – NOT COVERED BY MEDICARE | | | |
| FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges | \$0 \$0 | \$0 80% to a lifetime maximum benefit of \$50,000 | \$250 20% and amounts over the \$50,000 lifetime maximum |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN G

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|------------------------|------------------------------------|-----------|
| HOSPITALIZATION* | | | |
| Semiprivate room and board, general nursing and miscellaneous service and supplies | | | |
| First 60 days | All but \$1,132 | \$1,132 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$283 a day | \$283 a day | \$0 |
| 91st day and after: | | | |
| • While using 60 lifetime reserve days | All but \$566 a day | \$566 a day | \$0 |
| Once lifetime reserve days are used: | | | |
| • Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** |
| • Beyond the additional 365 days | \$0 | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st through 100th day | All but \$141.50 a day | Up to \$141.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|--|--------------------------------|------------|
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

PLAN G

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|---------------|---------------------------|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$162 of Medicare-approved amounts* | \$0 | \$0 | \$162 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints | \$0 | All costs | \$0 |
| Next \$162 of Medicare-approved amounts* | \$0 | \$0 | \$162 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---------------|-----------|---------------------------|
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |
| HOME HEALTH CARE – MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment | 100% | \$0 | \$0 |
| First \$162 of Medicare-approved amounts* | \$0 | \$0 | \$162 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

OTHER BENEFITS – NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---------------|---|--|
| FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

ELIGIBILITY PROVISIONS

You are eligible for enrollment in one of HNL's Medicare Supplement plans if you are 65 or older or under 65 and entitled to Medicare on the basis of Social Security disability benefits, enrolled in Medicare Parts A and B, and you reside within the State of California. Your continued eligibility to participate in this health plan depends on your continued Medicare enrollment. You may be eligible for guaranteed issuance of a Medicare Supplement Plan Policy under Health Net Life. Please call Health Net Medicare Inside Sales for more details at **1-800-944-7287**.

CLAIMS REIMBURSEMENT

The Health Net Life Medicare Supplement plan features electronic claims processing, a claims payment process between Health Net Life and Medicare. Medicare-certified and Medicare-accepting providers bill Medicare for services provided and, upon processing, Medicare then sends claims electronically to Health Net Life for secondary payment. Electronic claims processing is provided with your membership in the Health Net Medicare Supplement Plan. There is no registration necessary.

For claims for services covered by your Health Net Life Medicare Supplement Plan, but not by Medicare, such as Foreign Travel Emergency care, you or your medical provider should submit the claims directly to Health Net at:

Health Net Claims
PO Box 14702
Lexington, KY 40512

You may request a Health Net claim form by contacting the Member Services number provided on your identification card.

HOW TO APPLY

You may apply by completing the application and returning it in the enclosed envelope. You may enroll in your choice of plans A, C, F, F+ and G. You may be eligible for guaranteed issuance of a Medicare Supplement Plan Policy under Health Net Life. Please call Health Net Medicare Inside Sales for more details at **1-800-944-7287**.

TERMINATION PROVISIONS

You can terminate your enrollment in this health plan by giving written notice to HNL that you wish to disenroll at least 30 days prior to the month in which you wish to end your enrollment.

HNL can terminate your coverage:

- If your premium is not paid within the allowed grace period. Your coverage will be canceled on the last day of the month for which premium was last received and accepted by HNL.
- If you make a false statement as to your health status or obtain or attempt to obtain Covered Services by means of false, misleading, or fraudulent information, acts or omissions, HNL may terminate your coverage upon 30 days notice, except that no such termination shall be allowed after the expiration of two years from your initial effective date of coverage under this Policy.

If your coverage is terminated by HNL and you have reason to believe that the termination was based upon your health status or requirements for health care services, you may request a review of the termination by the Commissioner of the California Department of Insurance. Information relative to this procedure is available by contacting the Member Services Department.

In the event of cancellation by either HNL (except in the case of fraud or deception in the use of services of this health plan or knowingly permitting such fraud or deception by another) or yourself, HNL shall within 30 days return to you the prorated portion of the money paid to HNL which corresponds to any unexpired period for which payment had been received. The amounts shall be adjusted to reflect amounts due on claims, if any.

GRACE PERIOD

A grace period of 45 days is allowed after each premium due date. When payment is not received within the first two weeks of the month for which it is due, a final bill showing the amount owed will be sent to you. If payment is not received within 30 calendar days after the final bill is sent, your coverage will be terminated on the last day of the month for which premiums were last received and accepted by HNL.

HEALTH NET MEDICARE INSIDE SALES

Once you have had a chance to review the information presented here, please feel free to call Health Net Medicare Inside Sales at **1-800-944-7287**. We'll be glad to talk to you about this plan and all the benefits it offers you.

GRIEVANCE AND ARBITRATION

If you have a grievance against HNL, or are ever dissatisfied with our services and our HNL Medicare Supplement Plan Member Services department is not able to solve the problem, there is a procedure for appealing the issue. You may write a letter explaining the problem to:

HNL Medicare Supplement Plan
Appeals and Grievances Department
PO Box 10344
Van Nuys, CA 91410-0344

HNL uses neutral, binding arbitration to settle disputes, which arise out of or relate to coverage under the Policy. When you enroll in HNL Medicare Supplement Plan, you agree to submit any disputes to arbitration, in lieu of a jury or court trial.

This binding arbitration provision does not apply to claims, disputes, or controversies relating to alleged professional negligence (medical malpractice) and applies only to matters arising under this Policy.

Medicare has specific appeals procedures for the portion of the bill they pay. If you feel a decision made on a claim is incorrect, any Social Security office can help you request a review.

DEPARTMENT OF INSURANCE

If the Covered Person is unable to resolve a dispute with HNL, the Covered Person may wish to contact:

State of California
Department of Insurance
300 South Spring Street
Los Angeles, California 90013
1-800-927-HELP



HEALTH NET LIFE INSURANCE COMPANY MEDICARE SUPPLEMENT GUARANTEE ISSUE GUIDE

Dear Potential Member:

If you have recently become eligible for Medicare, or lost or ended your healthcare coverage with another Plan, you may qualify for guaranteed acceptance in a Health Net Life Medicare Supplement Plan in certain situations.

Review the guaranteed issue guidelines outlined in the following chart and determine if you qualify for automatic acceptance under one or more criteria. If you qualify, write the corresponding situation number in the Guaranteed Acceptance section of your application. Also, include any supporting information and/or documents necessary to prove your eligibility under the noted criteria.

Please note that if you are under age 65 and entitled to Medicare Part B, and you have End Stage Renal Disease (ESRD) you are not eligible to enroll. If you are under 65, please provide a signed and dated statement indicating that you do not have ESRD.

Applicants who are applying for coverage during an open enrollment or guarantee issue period are not required to complete the Statement of Health portion of the

Medicare Supplement Application or to sign a form required by the federal Health Insurance Portability and Accountability Act of 1996. Applicants who do not qualify for guaranteed acceptance must complete the Statement of Health.

Important: Please note that this Guide is only a brief summary, and it is intended to help you identify the different situations which may qualify you for guaranteed acceptance. It does not contain all the details of each situation. It is important to remember that laws regulating guaranteed acceptance may change. Consequently, some information in the Guide may no longer be accurate. Please ask your Sales Representative, Broker, or Attorney to confirm that you qualify for guaranteed acceptance.

For questions regarding the Health Net Life Insurance Medicare Supplement Plan and/or the guaranteed issue guidelines, please call Health Net Medicare Sales Department at 1-800-944-7287 Monday–Friday, 8:00 a.m. to 6:00 p.m., except holidays (or TTY/TDD 1-800-929-9955 for the hearing and speech impaired Monday–Friday, 8:00 a.m. to 8:00 p.m., except holidays).

| CRITERIA | YOUR CHOICES ¹ | TIME FRAME | SUPPORTING DOCUMENTS |
|---|---|--|---|
| <p>1. You are age 65 or older, have Medicare Part A and are newly enrolled in Medicare Part B, or you already have Medicare because you are disabled and have just turned 65.</p> | <p>You are eligible to enroll in any Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and G).</p> | <p>Health Net Life must receive your application within six (6) months after the date your Part B coverage became effective, or within six (6) months after your 65th birthday if you already have Medicare because you are disabled.</p> | <p>Proof of date of enrollment in Medicare (e.g., copy of Medicare card).</p> |
| <p>2. You currently have a Medicare Supplement Plan with Health Net Life or another carrier and want to switch to a different Medicare Supplement Plan and have requested an effective date with Health Net Life that is within 30 days after your last birthday.</p> | <p>You have an annual open enrollment period, during which you are eligible to enroll in a Health Net Life Medicare Supplement Plan of equal or lesser benefits than your current Plan.</p> | <p>Health Net Life must receive your application up to 30 days prior to, or within 30 days after your last birthday. NOTE: Your effective date cannot be prior to your birthday and can be no later than the first day of the month following the 30 day submission window after your last birthday.</p> | <p>Proof of current Medicare Supplement coverage with Health Net Life or another carrier.</p> |
| <p>3. You enrolled in a Medicare Advantage or PACE Provider Plan upon first becoming eligible for benefits under Medicare Part A at 65 years of age and then you disenrolled from the Medicare Advantage or PACE Provider Plan within 12 months of the effective date of enrollment.²</p> | <p>You are eligible for any Health Net Life Medicare Supplement Plan (Health Net Life Insurance Company offers Plans A, C, F, F+ and G).²</p> | <p>Health Net Life must receive your application up to 60 days prior to, or within 63 days of the date your disenrollment from the Medicare Advantage or PACE Provider Plan became effective.²</p> | <p>Proof of disenrollment from a Medicare Advantage or PACE Provider Plan.²</p> |

¹Health Net Life offers Plans A, C, F and F+ for Medicare beneficiaries eligible based on disability.

²Your rights under these situations may last for an extra 12 months if the Plan you first joined leaves the Medicare program or stops giving care in your area before you have been in the Plan for one year, **and** you immediately join another similar Plan.

| CRITERIA | YOUR CHOICES ¹ | TIME FRAME | SUPPORTING DOCUMENTS |
|---|--|--|---|
| <p>4. You disenrolled from a Medicare Supplement Plan to enroll for the first time in a Medicare Select, Cost Plan or similar organization operating under demonstration project authority before April 1, 1999, PACE Provider or a Medicare Advantage Plan and then voluntarily disenrolled within 12 months of coverage.²</p> | <p>You are eligible to enroll in the same Medicare Supplement Plan you previously had, if it is offered for sale by Health Net Life or Plans A, C, F or F+.²</p> | <p>Health Net Life must receive your application up to 60 days prior to, or within 63 days of the date your disenrollment from Medicare Advantage, PACE Provider, Medicare Select or Cost Plan became effective.²</p> | <p>Proof of termination from a Medicare Advantage, PACE Provider, Medicare Select or Cost Plan.²</p> |
| <p>5. You enrolled in a Medicare Advantage or PACE Provider Plan, but coverage was terminated because:</p> <ul style="list-style-type: none"> • the Plan terminated its Medicare Advantage contract, or • the Plan discontinued offering coverage in your service area, or • you no longer reside in the Medicare Advantage service area. | <p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F or F+.</p> | <p>Health Net Life must receive your application within 63 days of the date your Medicare Advantage or PACE Provider Plan termination became effective.</p> | <p>Proof of termination from a Medicare Advantage or PACE Provider Plan.</p> |

¹Health Net Life offers Plans A, C, F and F+ for Medicare beneficiaries eligible based on disability.

²Your rights under these situations may last for an extra 12 months if the Plan you first joined leaves the Medicare program or stops giving care in your area before you have been in the Plan for one year, **and** you immediately join another similar Plan.

| CRITERIA | YOUR CHOICES ¹ | TIME FRAME | SUPPORTING DOCUMENTS |
|--|--|---|---|
| <p>6. You enrolled in an employer group health Plan that provides health benefits that supplement the benefits under Medicare, but</p> <p>a) your employer group terminated health coverage</p> <p>b) you are no longer eligible to continue employer group health benefits due to the divorce or death of a spouse, or</p> <p>c) your employer stopped providing some, all or substantially all Plan benefits, and</p> <p>d) your employer no longer provides insurance that covers all of the payment for the Part B 20% coinsurance.</p> | <p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F or F+.</p> | <p>Health Net Life must receive your application within 63 days of the effective date that your employer group reduced or stopped providing health benefits that supplement the benefits under Medicare.</p> | <p>Proof of reduction or termination of benefits as outlined under "Criteria."</p> |
| <p>7. You are enrolled in Medicare Part B, and have received a notice of termination or have been terminated from an employer sponsored health Plan, employer-sponsored retiree health Plan (including coverage under COBRA and Cal-COBRA), or are no longer eligible for employer-sponsored health Plan coverage due to the divorce or death of a spouse.</p> | <p>You are eligible to enroll in any Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and G).</p> | <p>Health Net Life must receive your application within six (6) months of the date you received termination notice or lost your employer sponsored health coverage.</p> | <p>Notice of or proof of termination from an employer sponsored health Plan, or employer-sponsored retiree health Plan.</p> |

¹Health Net Life offers Plans A, C, F and F+ for Medicare beneficiaries eligible based on disability.

| CRITERIA | YOUR CHOICES ¹ | TIME FRAME | SUPPORTING DOCUMENTS |
|--|--|---|---|
| <p>8. You are enrolled in Medicare Part B and enrolled in a Medicare Select, Medicare Supplement or PACE Provider Plan but you can no longer retain the coverage because you moved outside the Plan's service area.</p> | <p>You are eligible to enroll in any Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and G).</p> | <p>Health Net Life must receive your application within six (6) months of the date you lost your health coverage under a Medicare Supplement, Medicare Select or PACE Provider Plan.</p> | <p>Proof of change in residence outside the current insurers coverage area.</p> |
| <p>9. You are a Medicare-eligible military retiree or dependent enrolled in Medicare Part B, and lost access to coverage due to:</p> <ul style="list-style-type: none"> • a military base closure • the base no longer offers health care services, or • you have relocated. | <p>You are eligible to enroll in any Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and G).</p> | <p>Health Net Life must receive your application within six (6) months of the termination of health services.</p> | <p>Proof of loss of coverage due to military base closure, base no longer offering health care services or proof of relocation.</p> |
| <p>10. You enrolled in a Medicare Supplement Plan but coverage stopped because:</p> <ul style="list-style-type: none"> • the company filed for bankruptcy or insolvency, or • the company involuntarily terminated coverage, or • the company violated a material provision of the Plan, or • the company, or an agent acting on its behalf, materially misrepresented a provision of the Plan. | <p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F or F+.</p> | <p>Health Net Life must receive your application within 63 days of the date your Medicare Supplement Plan termination became effective.</p> | <p>Proof of termination of coverage due to one of the reasons outlined under "Criteria."</p> |

¹Health Net Life offers Plans A, C, F and F+ for Medicare beneficiaries eligible based on disability.

| CRITERIA | YOUR CHOICES ¹ | TIME FRAME | SUPPORTING DOCUMENTS |
|--|---|--|--|
| <p>11. You were enrolled in a Medicare Advantage or PACE Provider Plan and the Medicare Advantage organization terminated its contract or discontinued offering service in your area.</p> | <p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F or H.</p> | <p>You are entitled to a 63-day open enrollment period from the date of termination from the Medicare Advantage or PACE Provider Plan, plus an additional 60-day open enrollment period.</p> | <p>Proof of termination (including date of termination) from a Medicare Advantage or PACE Provider Plan.</p> |
| <p>12. You are under age 65 and entitled to Medicare Part B, because of disability, but you do not have end-stage renal disease (ESRD).</p> | <p>You are eligible to enroll in any Health Net Life Medicare Supplement Plans A, C, F, F+ or G.</p> | <p>Health Net Life must receive your application within six (6) months of the date you became eligible for Medicare Part B.</p> | <p>Proof of enrollment in Medicare Part B.</p> |
| <p>13. You are enrolled in a Health Net Medicare Advantage Plan and Health Net either:</p> <ul style="list-style-type: none"> • reduced its benefits, or • increased the amount of cost-sharing, or • discontinued, for other than good cause relating to the quality of care under the Plan, a provider who is currently furnishing services to the individual. | <p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F or F+.</p> | <p>Health Net Life must receive your application within 63 days after a Health Net Medicare Advantage qualifying event, as described under the criteria.</p> | <p>Health Net will review its records for applicability.</p> |

¹Health Net Life offers Plans A, C, F and F+ for Medicare beneficiaries eligible based on disability.

| CRITERIA | YOUR CHOICES ¹ | TIME FRAME | SUPPORTING DOCUMENTS |
|---|---|--|---|
| <p>14. If you currently have a Health Net Life Medicare Supplement Plan with prescription drug benefits and have enrolled in a Medicare Part D (Prescription Drug Plan), and want to change your coverage to a different Health Net Life Medicare Supplement Plan without prescription drug coverage, you may contact Health Net Life at 1-800-944-7287 Monday–Friday, 8:00 a.m.–6:00 p.m., except holidays, (TTY/ TDD 1-800-929-9955 for the hearing and speech impaired Monday-Friday, 8:00 a.m.-8:00 p.m., except holidays) and change your Medicare Supplement Plan to A, C, F or F+ without submitting a new application.</p> | <p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C , F or F+ without submitting a new Medicare Supplement application.</p> | <p>Health Net Life must receive your written request to change your enrollment to another Health Net Life Medicare Supplement Plan within 63 days after your coverage in a Medicare Part D Plan begins.</p> | <p>Health Net Life will review its records for applicability.</p> |

¹Health Net Life offers Plans A, C, F and F+ for Medicare beneficiaries eligible based on disability.

| CRITERIA | YOUR CHOICES ¹ | TIME FRAME | SUPPORTING DOCUMENTS |
|--|--|--|---|
| <p>15. You are enrolled in Medicare Part B and have been notified that you are no longer eligible for benefits under the Medi-Cal program because of an increase in your income or assets and you meet one of the following requirements:</p> <ol style="list-style-type: none"> 1. You are no longer eligible for Medi-Cal benefits. 2. You are only eligible for Medi-Cal benefits with a share of cost and certify at the time of application that you do not meet the share of cost by answering "No" to question #2 under the Current Health Plan Section of the enrollment application. | <p>You are eligible to enroll in any Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and G).</p> | <p>Health Net Life must receive your application within six (6) months of the date you received notification that you are no longer eligible for benefits under the Medi-Cal program because of an increase in your income or assets.</p> | <p>Proof of termination of your Medi-Cal eligibility due to an increase in your income or assets.</p> |

¹Health Net Life offers Plans A, C, F and F+ for Medicare beneficiaries eligible based on disability.