

Choosing the right coverage

ONE FAMILY, *multiple* PLANS

Health Net lets you **customize your coverage** choices to meet the health plan needs of **each family member**.

The Burke Family



HMO A42000TO

Jeff, age 46, and Susan, age 38, choose subscriber and spouse coverage. They select an HMO that offers coverage without a deductible and with predictable charges for health services.

PPO ABM1283S

They decide on single child PPO coverage for their 19-year-old daughter Deb, who's a student at the local university. This affordable coverage protects against unforeseen medical expenses.

PPO ABD1203R

They also choose single child PPO coverage for their 10-year-old daughter Kris, who may visit her primary care doctor more often. This plan has fixed copayments for routine office visits with an in-network personal physician and a low calendar year deductible.

which health plan is right for me?

"I want to pay a set amount for office visits, exams and immunizations."

"I want a lower monthly premium. I'll pay a higher deductible, coinsurance or office copay in exchange."

"I don't want to pay a deductible."

"It's important to me to be able to go to a specialist directly, without having to get a referral first."

HMO PLANS

A42000TO

ATB000TO

A45000TU

PPO PLANS

ABD1203R

ABE1213R

ABF1223R

ABG1233R

ABH1243S

ABJ1253S

ABM1283S

ABQ1313S



understanding YOUR COVERAGE CHOICES

What is an HMO?

With a Health Maintenance Organization (HMO), you select your Primary Care Physician from our contracted HMO network. Your Primary Care Physician oversees all your health care and provides the referral/authorization if specialty care is needed. Your Primary Care Physician must first be contacted for initial treatment and consultation before you receive any care or treatment through a hospital or from a specialist, except for emergencies.

HMO advantages include:

- **No paperwork or claim forms**
- Emergency care coverage worldwide
- Set copayments for office visits and prenatal, postnatal and newborn care
- Hospital coverage
- Little or no charge for X-ray and laboratory services
- Preventive care services
- Prescription coverage

What is a PPO?

A Preferred Provider Organization (PPO) is a nationwide physician network. You may select any physician from the PPO network at any time and receive in-network benefits (at lower out-of-pocket costs to you), or you can see physicians outside the PPO network and receive out-of-network benefits (at higher out-of-pocket costs to you).

PPO advantages include:

- **Freedom to see any physician at any time**
- No referral or authorization needed to see specialists
- No paperwork or claim forms when using in-network providers
- Lower copayments and coinsurance when you see in-network providers
- Hospital coverage
- Preventive care services
- Prescription coverage

CHOOSE THE COVERAGE *that's right*
FOR YOU AND YOUR FAMILY.

Turn the page to learn more...

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Benefits at a glance

Note: Member pays amount shown

HMO Plans Out-of-Network services are not covered except for emergencies

	A42000TO \$300/\$150	ATB000TO \$250 80%	A45000TU \$1,000 70%
Deductible per calendar year Single / Family			
In-Network	None	\$250/\$500	\$1,000/\$2,000
Out-of-Network	Not covered	Not covered	Not covered
Maximum Lifetime Benefits³ In-Network & Out-of-Network	Unlimited	Unlimited	Unlimited
Out-of-pocket maximum per calendar year¹ (plus deductible on PPO plans)			
In-Network	\$2,000 inpatient hospital services	\$2,500/\$5,000 inpatient hospital services	\$3,500/\$7,000 inpatient hospital services
Out-of-Network	Not covered	Not covered	Not covered
Office visits⁸ (ABQ1313S subject to coinsurance)			
In-Network not subject to deductible (Primary Care Physician / Specialists)	\$25/\$40	\$15/\$30	\$25/\$40
Out-of-Network, subject to deductible (Primary Care Physician / Specialists)	Not covered	Not covered	Not covered
Inpatient hospital services⁵ (including physician and facility charges)			
In-Network, subject to deductible / Out-of-Network, subject to deductible	\$300 copay/day up to 5 days	20%	30%
Outpatient hospital services / Ambulatory surgical center services⁸			
In-Network, subject to deductible / Out-of-Network, subject to deductible	\$150	20%	30%
Outpatient laboratory and X-ray services^{6,8} (including mammograms)			
Performed at a physician's office or freestanding facility ⁷			
In-Network, not subject to deductible / Out-of-Network, subject to deductible	\$0	\$0	\$0
Performed at a hospital			
In-Network, subject to deductible / Out-of-Network, subject to deductible	\$100	\$100	\$100
Outpatient imaging and testing services^{5,6,8} (including but not limited to CT scans, MRIs, MRAs, stress tests and PET/SPECT scans)			
Performed at a physician's office or freestanding facility ⁷			
In-Network, subject to deductible / Out-of-Network, subject to deductible	\$25	\$25	\$25
Performed at a hospital			
In-Network, subject to deductible / Out-of-Network, subject to deductible	\$200	\$200	\$200
Preventive care³ (routine physicals, annual GYN exams, well-baby care, immunizations and vision and hearing screenings)			
PPO plans have a maximum benefit of \$300 per member per calendar year; limit does not apply to ages 0 through 4.			
In-Network, not subject to deductible (Primary Care Physician / Specialists)	\$25/\$40	\$15/\$30	\$25/\$40
Out-of-Network, subject to deductible ⁸	Not covered	Not covered	Not covered
Maternity care^{2,5}			
In-Network	Place of service will determine members financial responsibility		
Out-of-Network, subject to deductible	Not covered	Not covered	Not covered
Emergency room services (copayment waived if admitted to hospital; inpatient hospital benefit will then apply)			
In-Network & Out-of-Network — (eligible medical expenses subject to \$150 copayment, not subject to deductible)	\$150	\$150	\$150
Ambulance services (eligible medical expenses, subject to deductible)			
In-Network & Out-of-Network	\$0	\$0	\$0
Urgent care services			
In-Network (not subject to deductible)	\$50	\$50	\$50
Out-of-Network (subject to deductible)	\$150	\$150	\$150
Outpatient prescription drugs⁴ (Up to a 31-day supply. Quantity limitations may apply. Copayment per prescription or refill, not subject to deductible)			
Tier 1 / Tier 2	\$15/\$35	\$15/\$35	\$15/\$40
Tier 3 / Tier 4	\$50/\$65	\$50/\$65	\$60/\$75
Chiropractic services (HMO plans only, limited to 12 medically necessary visits per calendar year.)	\$40	\$30	\$40

This benefit grid is not intended to be a complete description of benefits. Please refer to the Evidence of Coverage, Policy and/or the Schedule of Benefits for a complete explanation of the benefits, limitations and provisions of the plan.

In Arizona, benefits are insured and/or administered by Health Net of Arizona, Inc. for HMO plans and Health Net Life Insurance Company for PPO plans and Life Insurance coverage. Health Net, Inc., is the parent company of both Health Net of Arizona, Inc., and Health Net Life Insurance Company.

Benefits at a glance

PPO Plans In-Network and Out-of-Network services covered

ABD1203R \$500 90/60%	ABF1223R \$1,000 90/60%	ABE1213R \$500 80/60%	ABG1233R \$1,000 80/60%	ABH1243S \$2,500 80/60%	ABJ1253S \$5,000 80/60%	ABM1283S \$5,000 50/30%	ABQ1313S \$2,500 80/60%
\$500/\$1,000 \$1,000/\$2,000	\$1,000/\$2,000 \$2,000/\$4,000	\$500/\$1,000 \$1,000/\$2,000	\$1,000/\$2,000 \$2,000/\$4,000	\$2,500/\$5,000 \$5,000/\$10,000	\$5,000/\$10,000 \$10,000/\$20,000	\$5,000/\$10,000 \$10,000/\$20,000	\$2,500/\$5,000 \$5,000/\$10,000
\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million
\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000
\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000
\$20/\$35 40%	\$20/\$35 40%	\$20/\$35 40%	\$20/\$35 40%	\$25/\$40 40%	\$25/\$40 40%	\$25/\$40 70%	20% 40%
10%/40%	10%/40%	20%/40%	20%/40%	20%/40%	20%/40%	50%/70%	20%/40%
10%/40%	10%/40%	20%/40%	20%/40%	20%/40%	20%/40%	50%/70%	20%/40%
\$0/40%	\$0/40%	\$0/40%	\$0/40%	\$0/40%	\$0/40%	\$0/70%	\$0/40%
10%/40%	10%/40%	20%/40%	20%/40%	20%/40%	20%/40%	50%/70%	20%/40%
10%/40%	10%/40%	20%/40%	20%/40%	20%/40%	20%/40%	50%/70%	20%/40%
10%/40%	10%/40%	20%/40%	20%/40%	20%/40%	20%/40%	50%/70%	20%/40%
\$20/\$35 40%	\$20/\$35 40%	\$20/\$35 40%	\$20/\$35 40%	\$25/\$40 40%	\$25/\$40 40%	\$25/\$40 70%	20% 40%
40%	40%	40%	40%	40%	40%	70%	20% 40%
Not covered except for complications of pregnancy. Place of service will determine member's financial responsibility.							
\$150 then 10%	\$150 then 10%	\$150 then 20%	\$150 then 20%	\$150 then 20%	\$150 then 20%	\$150 then 50%	\$150 then 20%
10%	10%	20%	20%	20%	20%	50%	20%
\$50 40%	\$50 40%	\$50 40%	\$50 40%	\$50 40%	\$50 40%	\$75 70%	\$75 40%
\$15/\$35 \$50/\$65	\$15/\$35 \$50/\$65	\$15/\$35 \$50/\$65	\$15/\$35 \$50/\$65	\$15/\$40 \$60/\$75	\$15/\$40 \$60/\$75	\$15/\$40 \$60/\$75	\$15/\$40 \$60/\$75
Place of service will determine member's financial responsibility.				Place of service will determine member's financial responsibility.			

Exclusions

and limitations

t Eligible expenses for covered services delivered by non-contracted providers and facilities will be an amount determined by Health Net based on a percentage of the Health Net fee schedule, which is generally comparable to eligible expenses for covered services delivered by **contracted** providers and facilities. This amount may be adjusted by Health Net from time to time and at any time.

¹HMO & PPO Plans: The out-of-pocket maximum does not include the deductibles. Expenses you incur for the following cannot be used to satisfy the out-of-pocket maximum:

- Failure to follow prior authorization/ precertification guidelines
- Mental illness, substance abuse
- Infertility
- Use of emergency room for non-emergent care
- Prescription drugs
- Copayments
- Limitations, exclusions

²HMO Plans: Hospital and professional services for a normal delivery are covered only for expectant members who have been enrolled for 12 consecutive months when delivery occurs. Hospital and professional services for members who have been enrolled less than 12 consecutive months are limited to prenatal care and complications of pregnancy, as defined in the Evidence of Coverage. Expectant members who met these requirements and were enrolled in this health plan under the automatic eligibility requirements as defined in the Evidence of Coverage do not have to satisfy the maternity waiting period. Please refer to the Evidence of Coverage for a definition of complications of pregnancy.

PPO Plans: Inpatient and outpatient are combined benefits

³HMO Plans: Inpatient and outpatient are combined benefits.

PPO Plans: In-network and out-of-network are combined benefits.

⁴HMO & PPO Plans: All drugs covered by your outpatient prescription benefit are placed in one of four tiers on the Preferred Drug List. The lower the tier, the lower your copayment will be.

⁵HMO Plans: Inpatient copayment maximum is \$2,000 per member, per calendar year.

PPO Plans: Precertification required: Important – reduction of benefits may apply.

Hospital inpatient admissions (non-emergency, including acute, subacute or rehabilitation); hospital observation stays (less than 24 hours); mental health and substance abuse inpatient admissions; skilled nursing inpatient facility admissions; transplants/transplant services; select outpatient procedures; select rehabilitative programs and therapies; select durable medical equipment; home health care (including home infusion therapy); non-emergent ambulance and transportation services; prosthetics; oncology services; podiatry services; sleep studies; oxygen and related breathing equipment; epidural steroid injections; magnetic resonance imaging (MRI); computerized axial tomography (CAT); positron emission tomography (PET) scans; magnetic resonance angiography (MRA); nuclear cardiology; stress echocardiograms; self-injectable medications (except for insulin); select in-office pharmacy injectables.

Exclusions and limitations

Note: The list of precertification requirements on the previous page is a condensed list. For a complete list, refer to the Plan Document. In case of conflict, the Plan Document will prevail. Prior authorization and precertification do not guarantee payment. Payment determinations generally are made at the time the claim is received and are based on a variety of factors including eligibility, terms, conditions, limitations and exclusions. If precertification is not obtained when required, or obtained but not followed, the percentage normally payable under your plan will be reduced by 50 percent. Reductions will not apply toward satisfaction of an out-of-pocket maximum.

⁶You may be responsible for the copayment/coinsurance corresponding to the facility where services are rendered.

⁷You may be charged a copayment/coinsurance for services performed at your physician's office and sent to another facility for processing. In such cases, the corresponding facility copayment/coinsurance will apply.

The following services and/or procedures are either limited in coverage or excluded from coverage under this health plan:

Comfort/convenience items, hearing aids, cosmetic surgery, court ordered care, custodial care, employment counseling, exercise programs, experimental/investigational procedures and drugs, fraudulent services, gender alterations, household equipment/fixtures, infertility services, inpatient mental health services, long-term rehabilitative services, missed appointments, obesity, paternity testing, radial keratotomy, routine foot care, substance abuse treatment programs, temporomandibular joint disorder, vocational programs, mail order prescription program.

⁸In-Network benefits are subject to deductible, then a percentage of eligible medical expenses.

Out-of-Network benefits are subject to deductible, then a percentage of eligible medical expenses.

HMO plans: With the exception of emergency care and self-referral benefits, all services and items must be provided or arranged by your contracted Primary Care Physician. Selected services require authorization by Health Net.

For life insurance rates, please refer to page 15.

Above and beyond your basic benefits!

exclusive member discounts



HEALTH NET GIVES YOU *more reasons* THAN EVER TO ENROLL NOW!

Customer services and exclusive advantages

You're an individual – and you want individual service. Health Net is committed to service that puts you first. We provide the tools you need to make the best choices about your health care – with speed, confidence and convenience.

Our Direct Information Automated Line (D.I.A.L.) provides automated assistance on your account 24 hours a day, seven days a week.

Count on Health Net coverage wherever you are. All Health Net members can get emergency care worldwide; PPO members can access Health Net's nationwide PPO physician network or a national pharmacy network to receive in-network care just about anywhere in the U.S.

SIMPLICITY.

Coverage that's easy in today's busy world

- Search for a contracted Health Net provider of any type and obtain benefit information at www.health.net
- We also offer a convenient **Quick Pay option** that allows your premium to be deducted from your checking or savings account each month

SAVINGS.

Member advantages to keep you healthy and save you money

- With the WellRewards program, you save on massage therapy, chiropractic, acupuncture, vitamins, health club memberships and more*
- All Individual & Family Plan members are eligible to receive dental benefits through Avesis at no additional premium

INFORMATION.

The key to staying well

- Wellness programs help you reach your health goals

Some examples of how Health Net member savings add up

Ted visits a massage therapist once a month. The health plan he selected does not cover massage therapy, so Ted decides to use a massage therapist contracted with WellRewards. The massage therapist normally charges \$50 per visit. Since Ted is using the WellRewards program he only pays \$35.

$$\begin{array}{r} \$15 \text{ WellRewards discount} \\ \times 12 \text{ Visits per year} \\ \hline \$180 \text{ Savings for one year} \end{array}$$

Elaine needs new glasses. Since she doesn't have vision coverage she decides to use a vision provider contracted with WellRewards. The vision provider normally charges \$349 for the glasses Elaine chose. Since Elaine is using the WellRewards program she only pays \$149.

$$\begin{array}{r} \$349 \text{ Standard cost of glasses Elaine chose} \\ - 149 \text{ Cost of glasses with WellRewards discount} \\ \hline \$200 \text{ Savings on glasses} \end{array}$$

*WellRewards programs offer discounts on products/reduced-fee services. However, the products and services available from WellRewards are not part of Health Net's medical benefits plans, but are part of the Health Net Wellness Program available to its members. Providers of goods and services for WellRewards are independent businesses. Health Net does not directly contract with WellRewards providers. Goods must be purchased directly from a WellRewards provider. Discounts referenced for services are applied to the provider's usual and customary charges. Call the specific provider for price information. For goods, the discounted price is applied to the suggested retail price.

Enrolling in Health Net

Enrollment application

Fill out the enrollment application completely. Every question must be answered and all signature areas must be completed before we can process your application. If the application is not completely filled out, signed and dated, it will be returned to you, which will delay processing and could affect the date you are eligible for the plan. A check for the first month's premium (or 1-1/2 months' premium for the 15th of the month effective date) must accompany your application.

Life insurance

We are pleased to be able to offer you Individual Term Life Insurance plans through Health Net Life Insurance Company, an affiliate of Health Net of Arizona, Inc.

Optional Individual Term Life Insurance is available in amounts shown on page 15. Term Life Insurance can be purchased for you and your spouse.

The life insurance benefits are only available to individuals 19 years and older, in conjunction with the purchase of an Individual or Family health plan. If you are choosing life insurance benefits, make sure you fill out the Beneficiary Information found on the Enrollment Application.

Evidence of insurability is required for all Individual Term Life Insurance amounts. Coverage will not become effective until approved in writing by Health Net Life Insurance Company.

Processing your application

In reviewing the information on your application, we may contact your health care practitioners. If there are any changes in the health status of the individuals listed on the application, it is very important that you call us immediately at **1-888-463-4875**. We recommend that you keep any existing health care coverage you may have until you receive notification from Health Net that your application has been approved, and we receive your first month's payment (or 1-1/2 months' payment for the 15th of the month effective date).

When you are approved

When you're approved by Health Net and we have received your first month's premium (or 1-1/2 months' premium for the 15th of the month effective date), you will be notified in writing of your effective date with Health Net. You will receive an identification (ID) card and an Evidence of Coverage or Policy, depending on the plan you choose.

What is a deductible?

The deductible is the set amount you pay each calendar year before Health Net pays any benefits. For example: if your plan has a \$500 calendar year deductible, you would need to pay the first \$500 of covered services before benefits are payable by Health Net.

Enrolling

in Health Net

Visit our website at
www.health.net

ID card

Always carry your ID card with you. This is your passport to obtaining health care coverage. You will need to show it to practitioners when you receive medical services or pick up prescriptions. Each family member enrolled in Health Net will receive an ID card.

If you enroll in a PPO plan, you will receive an ID card from Health Net for your health care and a pharmacy card for your prescriptions. Pharmacies that honor this card will process your claim when you pick up your prescription so you will only have to pay your copayment. It saves you the inconvenience of having to pay for the entire prescription and waiting to be reimbursed.

Evidence of Coverage and Policy

These documents are the contract between you and your health care plan. If you enroll in an HMO plan, you will receive an Evidence of Coverage from Health Net. If you enroll in a PPO plan, you will receive a Policy from Health Net Life Insurance Company. The documents stipulate the terms and conditions of your coverage. You will receive the appropriate document in your Welcome Packet.

Premium payments

It is simple to make payments on your health care plan. We will send you a bill based on the payment schedule you prefer. You can elect our "Quick Pay" option, which allows your premium to be deducted from your checking or savings account each month, or we can send you a monthly bill for your premium. If we do not receive your payment within our payment timelines, your coverage will be terminated effective as of the last date for which we received your premium.

Who is eligible for Individual & Family HMO and PPO plans?

Any individual who is under 64-1/2 and not eligible for Medicare may apply. However, the primary applicant must be an Arizona resident. There is no minimum age requirement as long as a parent or legal guardian agrees to sign the Application and the Statement of Health. Dependents may be covered under a family contract up to their 25th birthday. Children can be signed up independently (parents don't have to enroll – we call this "child only" coverage). All applicants who wish to enroll in an HMO or PPO plan must go through a medical underwriting process.

When can dependents be enrolled?

Newborns, children placed for adoption or newly adopted children are automatically covered, effective on the first day of the event, for the first 31 days. You will be charged the premium retroactive to the date of birth, adoption or placement of adoption. To continue coverage past the first 31 days, you must notify Health Net that you want to continue coverage for your dependent, complete an application and pay any required premium. If you don't notify Health Net, coverage for your dependent will be terminated.

What is a Primary Care Physician?

A Primary Care Physician is the physician who coordinates all medical care for HMO members. Primary Care Physicians include general and family practitioners, internists and pediatricians. When you need to see your doctor, just call for an appointment. To obtain health care, simply present your ID card and pay the appropriate copayment.

Do I need a Primary Care Physician? If so, how do I select one?

If you choose an HMO plan, you must choose a Primary Care Physician. Selecting your Primary Care Physician is an important decision, and we urge you to make it carefully. You can choose a Primary Care Physician from doctors who specialize in Family Practice, General Practice, Internal Medicine or Pediatrics. Please refer to the Provider Directory for detailed instructions on how to select a Primary Care Physician and a list of private practice Primary Care Physicians who accept coverage from Health Net's HMO plans.

If you choose a PPO plan, you do not need to select a Primary Care Physician. You may go to any practitioner you wish.

Can I change my Primary Care Physician?

You can change to another Primary Care Physician at any time and your change will be effective immediately. To change your Primary Care Physician, call our Customer Contact Center at **1-800-289-2818**.

What is a copayment?

A copayment is a fixed dollar amount charged to you for health care services.

You pay the copayment to the physician or other health care practitioner at the time services are rendered.

The answers you're looking for

What is coinsurance?

Coinsurance is the percentage of covered expenses for which you are responsible. For example: if you enroll in a 90/60 PPO plan, your coinsurance amount is 10 percent. You would pay 10 percent of the contracted fee for that expense with an in-network physician or other practitioner. If you use an out-of-network physician, you would pay 40 percent of the allowed charges, plus any amount charged by the physician in excess of the allowed amount.

What is the out-of-pocket maximum?

This is the most you would have to pay, per calendar year, for covered health care services. Once you reach this amount, all other care covered under the plan will be paid by Health Net. See the benefits matrix in this guide for details. Deductibles and copayments do not apply toward your out-of-pocket maximum.

What are in-network benefits vs. out-of-network benefits?

In-network benefits apply when you see any of Health Net's PPO contracted practitioners in Arizona. You can also use practitioners contracted with the Beech Street provider network when traveling outside Arizona and receive in-network benefits. When using in-network benefits, your out-of-pocket expenses are lower. Out-of-network benefits apply when you choose to see a practitioner who is not contracted with Health Net or the Beech Street provider network. When using out-of-network benefits, your out-of-pocket expenses are higher.

Do I need prior authorization or precertification for services?

If you choose an HMO plan, your Primary Care Physician or referring practitioner will handle any prior authorization requirements.

If you choose a PPO plan, it is your responsibility to make sure you get precertification when required. Precertification is required at least two business days prior to receiving the care, service or supply by calling **1-800-977-7518**. Services that require precertification are listed in your policy. Precertification requirements are subject to change with prior written notice to you.

Where can I get my prescription covered under the plan's pharmacy program?

If you choose an HMO plan, you can use Health Net's extensive network of independent pharmacies in Arizona. Some of the pharmacies in our network include Albertson's, Bashas', Fry's, Osco, Safeway, Costco, Target and Walgreens. Please refer to the HMO Provider Directory or visit our website at www.health.net for a complete listing of contracted pharmacies.

If you choose a PPO plan, you will be able to use most national pharmacy chains. Be sure to verify with your pharmacy that they honor your prescription card.

Whom do I call when I have questions regarding my coverage?

Whenever you have questions about coverage or need an explanation of your plan's policies and procedures, you can call Health Net's Customer Contact Center, Monday through Friday (excluding holidays) from 7:00 a.m. to 6:00 p.m. Arizona standard time at **1-800-289-2818**, or, for the hearing impaired, our TTY line at **1-800-977-6757**.

What if I need treatment when I'm out of town?

If it's an emergency, call 911 or go to the nearest emergency room. If you choose an HMO plan and it's urgent but not an emergency, call your Primary Care Physician for instructions. Your Primary Care Physician, or his or her designee, will give you instructions on obtaining care. Coverage will be determined based on the care you receive and the terms and conditions of your benefit plan.

If you choose a PPO plan, you may receive treatment from any practitioner. Just remember that if you see an out-of-network practitioner, you will have higher out-of-pocket costs. PPO members may use the Beech Street provider network to receive in-network coverage outside of Arizona.

What is my effective date?

Your effective date is determined upon the completion and approval of your application and Statement of Health. You may request a first of the month effective date if your application is **received by the 25th day of the month**. A check for your first month's premium must accompany your application.

You may request a 15th of the month effective date if your application is received after the 25th of the month. A check for 1-1/2 months' premium must accompany your application.

What happens if I become eligible for health coverage through my employer?

You may have the option to enroll through your employer's group plan or you may maintain your own individual plan.

Does Health Net have health plans available that meet provisions of the Health Insurance Portability and Accountability Act (HIPAA)?

If your group or COBRA health plan (employer-provided health coverage) terminated within the past 63 days, you may be eligible for Individual Portability Coverage. This coverage does not require medical underwriting and there is no pre-existing condition waiting period. In order to qualify for this coverage, you must meet specific criteria. Please contact your Broker or Sales Representative for further information. If you are applying for Individual Portability coverage, you'll also need to complete the Individual Portability Questionnaire. *Note:* Not all benefit plans are available for Individual Portability coverage.

What happens when I turn 65 or become eligible for Medicare?

Once you turn age 65 and are Medicare eligible, you may enroll in a Medicare Supplement or Medicare+Choice plan.

If you have questions choosing a coverage option, selecting a doctor or completing the application, please contact your broker or call **1-888-463-4875**. A Health Net sales representative will be happy to help you.

We've made it easy to enroll

If you have questions choosing a coverage option, selecting a doctor or completing the application, please contact your broker or call **1-888-463-4875**. A Health Net sales representative will be happy to help you.

Enrollment Checklist

- 3 Review this booklet and the inserts found in the pocket to find answers to questions you may have and to find out important information about HMO and PPO health care plans.
- 3 Select the plan you want. Refer to the Benefits at a glance section found on pages 4 & 5 for a summary of our benefits.
- 3 Decide if you wish to elect life insurance. Refer to the rate summary located in on page 15 for rates and coverage levels.
- 3 Determine your monthly premium (from the monthly premiums booklet located in the inside pocket). Find the appropriate category by your age and sex to identify your rate.
- 3 If you choose an **HMO plan**, select a Primary Care Physician from the Health Net provider directory on our website at www.health.net or call our Customer Contact Center 1-800-289-2818 for a copy of the directory. You must select a Primary Care Physician and list your choice on your application.

If you choose a **PPO plan**, you do not need to select a Primary Care Physician.
- 3 Fill out the application. Double check to make sure you've answered all questions and signed the application.
- 3 Send your completed application and first month's premium (or 1-1/2 months' premium for the 15th of the month effective date) in the enclosed self-addressed envelope.
- 3 Carefully read your Evidence of Coverage or Policy when you receive it. This packet contains summary information only. The actual coverage you receive is conditional on the plan you select and the terms, conditions, limitations and any benefit maximums described in the Evidence of Coverage or the Policy.

If you need assistance or have additional questions, call us at 1-888-463-4875 or (602) 474-8111.

*PPO plans are underwritten by Health Net Life Insurance Company and administered by Health Net of Arizona, Inc.



PROTECT YOUR FAMILY
no matter what **THE FUTURE HOLDS**

You have big dreams for your children. You want to make sure they grow up in a comfortable home and have adequate necessities. But what if your death robs your family of your support? All of these dreams can still come true – if you plan now to provide the financial resources your family will need.

You can trust Health Net Life Insurance Company for your Term Life Insurance needs

Health Net Life Insurance Company is pleased to offer affordable Individual Term Life Insurance in the following amounts:

\$15,000 • \$30,000 • \$50,000

LIFE INSURANCE MONTHLY RATES

Age of primary insured	Cost per \$1,000	Total monthly cost		
		\$15,000	\$30,000	\$50,000
19–29	\$0.19	\$2.85	\$5.70	\$9.50
30–39	\$0.22	\$3.30	\$6.60	\$11.00
40–49	\$0.50	\$7.50	\$15.00	\$25.00
50–59	\$1.37	\$20.55	\$41.10	\$68.50
60–64	\$2.00	\$30.00	\$60.00	\$100.00

Individual Term Life Insurance is underwritten by Health Net Life Insurance Company.

Since you apply for health insurance with Health Net, there is no additional information required to review your eligibility for Individual Term Life Insurance. Coverage will not become effective until approved in writing by Health Net Life Insurance Company.

Terms

- If you wish to purchase life insurance, you must purchase minimum coverage of \$15,000.
- The maximum life insurance benefit is \$50,000.
- You must be at least 19 years old in order to purchase Individual Term Life Insurance.

call **1-888-463-4875**
for more information.

