



Health Net®  
LIFE INSURANCE COMPANY

# Optional Supplemental Benefits Guide






*Coverage for  
every stage of life™*



# Health Net Life

## OUTLINE OF INDIVIDUAL MEDICARE SUPPLEMENT PLAN OPTIONAL SUPPLEMENTAL BENEFITS COVERAGE

*Health Net Life Insurance Company Individual Medicare Supplement plans provide options to enhance your basic medical coverage with three optional supplemental benefits packages. These packages are available for a monthly fee in addition to your medical plan and Medicare Part B premiums.*

Optional package	What's included	Limitations/Exclusions
	Hearing, Standard PPO Dental & Vision	Packages 1 and 2 are not available for Innovative Plan F, or Innovative Plan G, as Vision and Hearing benefits are included in the plans.
	Hearing, Enhanced PPO Dental & Vision	
	Standard PPO Dental	Package 3 is available for all plans.



# Optional Package #1

HEARING CARE, STANDARD PPO DENTAL AND VISION

**\$29 monthly plan premium** includes hearing care offered through Hearing Care Solutions, Inc. and PPO dental and vision offered through Health Net Dental and Health Net Vision.

## Hearing care

Hearing care services are offered by Hearing Care Solutions, Inc. Covered hearing care services must be obtained through a Hearing Care Solutions provider.

Appointments must be made directly with Hearing Care Solutions. To find a Hearing Care Solutions location near you and to schedule an appointment with a Hearing Care Solutions provider, call Hearing Care Solutions at 1-866-344-7756, 5:00 a.m. to 5:00 p.m., Pacific time (PT) (TTY users should call 711), and tell the representative you are a Health Net Life Medicare Supplement Member with Optional Package #1.

»👂 Hearing care coverage	What you pay
<b>Annual hearing exam</b>	\$0
<b>Hearing aids</b> <ul style="list-style-type: none"><li>• Two hearing aids every year.</li><li>• All sizes and styles offered through multiple major manufacturers</li><li>• Four levels of technology to choose from. All instruments are fully digital.</li><li>• Covered when determined to be medically necessary based on a hearing exam</li></ul>	Level 4 – \$1,580 Level 3 – \$1,125 Level 2 – \$700 Level 1 – \$0
<b>Hearing aid fitting exam</b>	\$0



### **ADDITIONAL BENEFITS**

- Three-year manufacturer's warranty on hearing aids, including coverage for loss and damage of hearing aid.
- Two-year supply of batteries (up to 128 cells per hearing aid).
- Routine in-office service for one year, with original provider, at no additional cost. Includes:
  - Office visits
  - Hearing aid adaptation counseling
  - Reprogramming
  - Repairs (in office)
  - Tube changes
  - Instrument checks
  - Cleaning
  - Battery door replacement



### **EXCLUSIONS/LIMITATIONS**

1. No more than one pair of hearing aids during a one-year period.
2. Services or supplies provided by a provider other than a Hearing Care Solutions provider are not covered.
3. Manufacturer's warranty on hearing aids is limited to a one-time replacement and is subject to a manufacturer's deductible fee, based on the technology level of the instrument and not to exceed \$315 per instrument.
4. Options, earmolds and accessories such as remote controls may require an additional cost.




### **HEARING CARE CLAIMS**

If you decide to purchase hearing aids, your hearing care provider will place the order through Hearing Care Solutions.

## Dental care

Dental services are offered by Health Net Dental and are administered through Unimerica Life Insurance Company. You can see any licensed dental provider for covered dental services. Your cost-sharing is higher when you receive covered services from non-plan providers.

You can search for participating dental providers through the ProviderSearch tool at [healthnet.com](https://healthnet.com), or contact Health Net Dental for a list of dental providers at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

 Dental coverage	In-network	Out-of-network
\$1,000 annual plan maximum (combined in- and out-of-network). \$25 annual dental deductible – applies to all services (combined in- and out-of-network). After the \$25 annual deductible, you pay:		
<b>Preventive and diagnostic</b> <ul style="list-style-type: none"><li>• 2 exams every 12 months</li><li>• 2 routine cleanings (adult prophylaxis) every 12 months</li><li>• Bitewing X-rays once every 12 months</li><li>• Panoramic X-rays once every 36 months<sup>1</sup></li></ul>	0% coinsurance (Health Net pays 100%) for preventive services	0% coinsurance <sup>2</sup> (Health Net pays 100%) for preventive services
<b>Basic restorative services</b> <ul style="list-style-type: none"><li>• Restorative services: amalgam or composite resin fillings, 1 restoration per tooth filling surface every 3 years<sup>1</sup></li></ul>	20% coinsurance (Health Net pays 80%) for restorative services	20% coinsurance <sup>2</sup> (Health Net pays 80%) for restorative services
<b>Major services</b> <ul style="list-style-type: none"><li>• Periodontal services (nonsurgical): scaling and root planing, debridement and periodontal maintenance</li></ul>	50% coinsurance (Health Net pays 50%) for nonsurgical periodontal treatment and maintenance	50% coinsurance <sup>2</sup> (Health Net pays 50%) for nonsurgical periodontal treatment and maintenance

<sup>1</sup>Multi-year benefit may not be available in subsequent years.

<sup>2</sup>Maximum allowable charge: When copayments are charged as a percentage of eligible expenses, the amount you pay for dental services from non-network providers is determined as a percentage of the negotiated contract rates of network providers plus the amount by which the non-network provider's billed charge exceeds the contracted fee. An out-of-network provider can provide a pretreatment cost estimate for covered dental services.



### **DENTAL CLAIMS**

If you see a non-plan dentist, you may have to file a claim with Health Net Dental. Health Net Dental will pay your provider its share of the bill for any covered services that are determined to have been medically necessary and let you know what, if anything, you must pay your provider. Please call the Health Net Dental Customer Service Department toll-free number for a claim form and claim filing instructions at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

The bill should be submitted to the following address:

Health Net Dental  
Attn: Claims Unit  
PO Box 30567  
Salt Lake City, UT 84130


## Vision care

Routine eye exams and eyewear are offered by Health Net Vision which offers coverage from a network of providers, including optometrists, ophthalmologists and opticians. These providers undergo stringent quality and utilization reviews, and they share our commitment to providing affordable, quality vision care.

You can search for participating vision providers through the ProviderSearch tool at [healthnet.com](http://healthnet.com), or contact Health Net Vision for a list of vision providers at 1-866-392-6058, Monday through Saturday from 4:30 a.m. to 8:00 p.m., and Sunday from 8:00 a.m. to 5:00 p.m. PT. (TTY users should call 711, Monday through Friday from 5:00 a.m. to 5:00 p.m. PT.)

Members can utilize any licensed vision provider for covered services. In-network cost-sharing will apply when accessing care from a Health Net Vision PPO provider. Your out-of-pocket costs will be lower when accessing a PPO plan provider. Care from non-plan providers typically results in higher out-of-pocket costs.



 Vision care services	Member cost/ allowance in-network	Member reimbursement out-of-network
<b>Exam with dilation as necessary</b>	\$10 copay	Up to \$45
<b>Contact lens fit and follow-up</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.) Standard <sup>1</sup>  Premium <sup>2</sup>	\$0 copay; paid in full for fit and two follow-up visits \$0 copay; 10% off retail price, then apply \$55 allowance	Up to \$40  Up to \$40
<b>Frame and lens package</b> (Any frame and lens available at provider location)	\$100 allowance for frame and lens package; 20% off balance over \$100	Up to \$100
<b>Contact lenses</b> (Includes material only) Conventional Disposable	\$0 copay; \$100 allowance, 15% off balance over \$100 \$0 copay; \$100 allowance, plus balance over \$100	Up to \$100  Up to \$100
<b>Frequency</b> Examination  Frame and lenses or contact lenses	Once every 12 months Once every 24 months	

<sup>1</sup>Standard contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement.

<sup>2</sup>Premium contact lens fitting – all lens designs, materials and specialty fittings other than standard contact lenses.



### **ADDITIONAL DISCOUNTS**

Member receives a 20% discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to Health Net Vision provider's professional services or contact lenses. Retail prices may vary by location.

Members also receive a 40% discount on a complete pair of eyeglasses and a 15% discount on conventional contact lenses once the funded benefit has been used. Members also receive 15% off the retail price or 5% off the promotional price for LASIK or PRK from the U.S. Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.



### **PLAN LIMITATIONS/ EXCLUSIONS**

- Orthoptic or vision training, subnormal vision aid and any associated testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any workers' compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no-discount policy.
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under the plan.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- Services or materials provided by any other group benefit providing for vision care.
- Two pairs of glasses in lieu of bifocals.
- Aniseikonic lenses.



### **VISION CLAIMS**

When utilizing your in-network benefits for eyewear and/or a vision exam through a Health Net Vision participating provider, payment will be made directly to that Health Net Vision participating provider. Out-of-network providers may require payment in full at the time of service. To receive reimbursement, you will need to submit your claim to:

Health Net Vision  
PO Box 8504  
Mason, OH 45040-7111



## Optional Package #2

HEARING CARE, ENHANCED PPO DENTAL AND VISION

**\$43 monthly plan premium** includes hearing care offered through Hearing Care Solutions, Inc. and Health Net Dental MaxAdvantage PPO dental and PPO vision offered through Health Net Dental and Health Net Vision.

### Hearing care

Hearing care services are offered by Hearing Care Solutions, Inc. Covered hearing care services must be obtained through a Hearing Care Solutions provider.

Appointments must be made directly with Hearing Care Solutions. To find a Hearing Care Solutions location near you and to schedule an appointment with a Hearing Care Solutions provider, call Hearing Care Solutions at 1-866-344-7756, 5:00 a.m. to 5:00 p.m. PT (TTY users should call 711), and tell the representative you are a Health Net Life Medicare Supplement Member with Optional Package #2.

» Hearing care coverage	What you pay
<b>Annual hearing exam</b>	\$0
<b>Hearing aids</b> <ul style="list-style-type: none"><li>• Two hearing aids every year.</li><li>• All sizes and styles offered through multiple major manufacturers</li><li>• Four levels of technology to choose from. All instruments are fully digital.</li><li>• Covered when determined to be medically necessary based on a hearing exam</li></ul>	Level 4 – \$1,580 Level 3 – \$1,125 Level 2 – \$700 Level 1 – \$0
<b>Hearing aid fitting exam</b>	\$0



- Three-year manufacturer's warranty on hearing aids, including coverage for loss and damage of hearing aid.
- Two-year supply of batteries (up to 128 cells per hearing aid).
- Routine in-office service for one year, with original provider, at no additional cost. Includes:
  - Office visits
  - Hearing aid adaptation counseling
  - Reprogramming
  - Repairs (in office)
  - Tube changes
  - Instrument checks
  - Cleaning
  - Battery door replacement



#### **EXCLUSIONS/LIMITATIONS**

1. No more than one pair of hearing aids during a one-year period.
2. Services or supplies provided by a provider other than a Hearing Care Solutions provider are not covered.
3. Manufacturer's warranty on hearing aids is limited to a one-time replacement and is subject to a manufacturer's deductible fee, based on the technology level of the instrument and not to exceed \$315 per instrument.
4. Options, earmolds and accessories such as remote controls may require an additional cost.




#### **HEARING CARE CLAIMS**

If you decide to purchase hearing aids, your hearing care provider will place the order through Hearing Care Solutions.

## Dental care

Dental services are offered by Health Net Dental and are administered through Unimerica Life Insurance Company. You can see any licensed dental provider for covered dental services. Your cost-sharing is higher when you receive covered services from non-plan providers. You can search for participating dental providers through the ProviderSearch tool at [www.healthnet.com](http://www.healthnet.com), or contact Health Net Dental for a list of dental providers at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

 Dental coverage	In-network	Out-of-network
<p>\$1,250 annual plan maximum (combined in- and out-of-network). A 12-month waiting period on major services. An annual award program that can earn up to \$250 + \$100 in-network bonus for future annual maximum benefit use. After \$25 annual dental deductible (combined in- and out-of-network), you pay:</p>		
<b>Preventive and diagnostic</b> <ul style="list-style-type: none"> <li>• 2 exams every 12 months</li> <li>• 2 routine cleanings (adult prophylaxis) every 12 months</li> <li>• Bitewing X-rays once every 12 months</li> <li>• Panoramic X-rays once every 36 months<sup>1</sup></li> <li>• Lab and other diagnostic tests</li> <li>• Sealants</li> </ul>	0% coinsurance (Health Net pays 100%) for preventive services	0% coinsurance <sup>2</sup> (Health Net pays 100%) for preventive services
<b>Basic restorative services</b> <ul style="list-style-type: none"> <li>• Restorative services: amalgam or composite resin fillings, 1 restoration per tooth filling surface every 3 years<sup>1</sup></li> <li>• General services (including emergency services)</li> </ul>	20% coinsurance (Health Net pays 80%) for restorative services	20% coinsurance <sup>3</sup> (Health Net pays 80%) for restorative services
<b>Major services<sup>2</sup></b> <ul style="list-style-type: none"> <li>• Simple extractions</li> <li>• Oral surgery (includes surgical extractions)</li> <li>• Periodontics</li> <li>• Endodontics</li> <li>• Inlays/onlays/crowns</li> <li>• Dentures and other removable prosthetics</li> <li>• Fixed partial dentures (bridges)</li> </ul>	50% coinsurance <sup>2</sup> (Health Net pays 50%) for major services after a 12-month waiting period	50% coinsurance <sup>2,3</sup> (Health Net pays 50%) for major services after a 12-month waiting period

<sup>1</sup>Multi-year benefit may not be available in subsequent years.

<sup>2</sup>12-month waiting period will be waived for members that submit proof of 12 months of prior dental coverage with their first claim.

<sup>3</sup>Maximum allowable charge: When copayments are charged as a percentage of eligible expenses, the amount you pay for dental services from non-network providers is determined as a percentage of the negotiated contract rates of network providers plus the amount by which the non-network provider's billed charge exceeds the contracted fee. An out-of-network provider can provide a pretreatment cost estimate for covered dental services.



## Dental claims

If you see a non-plan dentist, you may have to file a claim with Health Net Dental. Health Net Dental will pay your provider its share of the bill for any covered services that are determined to have been medically necessary and let you know what, if anything, you must pay your provider. Please call the Health Net Dental Customer Service Department toll-free number for a claim form and claim filing instructions at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

Health Net Dental  
Attn: Claims Unit  
PO Box 30567  
Salt Lake City, UT 84130



## MaxAdvantage Award program

A \$250 award balance is established when the total of all the submitted claims for each person is \$500 or less for the calendar year.

Each enrolled person qualifies for the MaxAdvantage Award if they use in- or out-of-network providers; however, he or she can earn an additional \$100 bonus if all claims are for network providers. To be eligible for the award, each person must use his or her dental benefit at least once a year.

**It's easy to use – Health Net Dental does all the tracking! Here's how it works:**

Example:

In 2020, you receive 2 oral exams, 2 cleanings, X-rays, and 2 fillings, all from an in-network dentist. Total amount of claims = \$450. (Note: To be eligible for the award, claims cannot exceed \$500 for the calendar year.)

MaxAdvantage Award: \$250 + \$100 in-network bonus = \$350 annual award. In 2020, the calendar year maximum resets to \$1,250 (the plan maximum) + \$350 award maximum = \$1,600 calendar year maximum.


- The total award that can be earned during the year is \$350, and the calendar year maximum with all awards earned cannot exceed \$2,500.
- The award can be used for covered services in future years if the insured has exceeded the plan's calendar year maximum (however, the award cannot be used for orthodontia or dental implants).
- Funds are not physical and cannot be withdrawn.
- Members who enroll with effective dates of January through September are eligible to participate in the MaxAdvantage Award program for the year in course.
- Members who enroll with effective dates of October through December are eligible to participate in the MaxAdvantage Award program starting in January of the following plan year.
- Once claims are calculated at year's end, members can check on potential MaxAdvantage Award amounts starting in March of the following year.
- Claims Explanation of Benefits (EOB) will include award information.

## Vision care

Routine eye exams and eyewear are offered by Health Net Vision which offers coverage from a network of providers, including optometrists, ophthalmologists and opticians. These providers undergo stringent quality and utilization reviews, and they share our commitment to providing affordable, quality vision care. You can search for participating vision providers through the ProviderSearch tool at [healthnet.com](https://healthnet.com), or contact Health Net Vision for a list of vision providers at 1-866-392-6058, Monday through Saturday from 4:30 a.m. to 8:00 p.m., and Sunday from 8:00 a.m. to 5:00 p.m. PT. (TTY users should call 711, Monday through Friday from 5:00 a.m. to 5:00 p.m. PT.)

Members can utilize any licensed vision provider for covered services. In-network cost-sharing will apply when accessing care from a Health Net Vision PPO provider. Your out-of-pocket costs will be lower when accessing a PPO plan provider. Care from non-plan providers typically results in higher out-of-pocket costs.



 Vision care services	Member cost/ allowance in-network	Member reimbursement out-of-network
<b>Exam with dilation as necessary</b>	\$10 copay	Up to \$45
<b>Contact lens fit and follow-up</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.) Standard <sup>1</sup>	\$0 copay; paid in full for fit and two follow-up visits	Up to \$40
Premium <sup>2</sup>	\$0 copay; 10% off retail price, then apply \$55 allowance	Up to \$40
<b>Frame and lens package</b> (Any frame and lens available at provider location)	\$250 allowance for frame and lens package; 20% off balance over \$250	Up to \$250
<b>Contact lenses</b> (Includes material only) Conventional	\$0 copay; \$250 allowance, 15% off balance over \$250	Up to \$250
Disposable	\$0 copay; \$250 allowance, plus balance over \$250	Up to \$250
Medically necessary	\$0 copay; paid in full	Up to \$250
<b>Frequency</b> Examination Frame and lenses or contact lenses	<p>Once every 12 months</p> <p>Once every 24 months</p>	

<sup>1</sup>Standard contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement.

<sup>2</sup>Premium contact lens fitting – all lens designs, materials and specialty fittings other than standard contact lens.



### **ADDITIONAL DISCOUNTS**

Member receives a 20% discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to Health Net Vision provider's professional services or contact lenses. Retail prices may vary by location.

Members also receive a 40% discount on a complete pair of eyeglasses and a 15% discount on conventional contact lenses once the funded benefit has been used. Members also receive 15% off the retail price or 5% off the promotional price for LASIK or PRK from the U.S. Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.



### **PLAN LIMITATIONS/ EXCLUSIONS**

- Orthoptic or vision training, subnormal vision aids and any associated testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any workers' compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no-discount policy.
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under the plan.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- Services or materials provided by any other group benefit providing for vision care.
- Two pairs of glasses in lieu of bifocals.
- Aniseikonic lenses.



### **VISION CLAIMS**

When utilizing your in-network benefits for eyewear and/or a vision exam through a Health Net Vision participating provider, payment will be made directly to that Health Net Vision participating provider. Out-of-network providers may require payment in full at the time of service. To receive reimbursement, you will need to submit your claim to:

Health Net Vision  
PO Box 8504  
Mason, OH 45040-7111



# Optional Package #3


## STANDARD PPO DENTAL

**\$19 monthly plan premium** includes PPO dental offered through Health Net Dental.

### Dental care

Dental services are offered by Health Net Dental and are administered through Unimerica Life Insurance Company. You can see any licensed dental provider for covered dental services. Your cost-sharing is higher when you receive covered services from non-plan providers.

You can search for participating dental providers through the ProviderSearch tool at **healthnet.com**, or contact Health Net Dental for a list of dental providers at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

 Dental coverage	In-network	Out-of-network
\$1,000 annual plan maximum (combined in- and out-of-network). \$25 annual dental deductible – applies to all services (combined in- and out-of-network). After the \$25 annual deductible, you pay:		
<b>Preventive and diagnostic</b> <ul style="list-style-type: none"><li>• 2 exams every 12 months</li><li>• 2 routine cleanings (adult prophylaxis) every 12 months</li><li>• Bitewing X-rays once every 12 months</li><li>• Panoramic X-rays once every 36 months<sup>1</sup></li></ul>	0% coinsurance (Health Net pays 100%) for preventive services	0% coinsurance <sup>2</sup> (Health Net pays 100%) for preventive services
<b>Basic restorative services</b> <ul style="list-style-type: none"><li>• Restorative services: amalgam or composite resin fillings, 1 restoration per tooth filling surface every 3 years<sup>1</sup></li></ul>	20% coinsurance (Health Net pays 80%) for restorative services	20% coinsurance <sup>2</sup> (Health Net pays 80%) for restorative services
<b>Major services</b> <ul style="list-style-type: none"><li>• Periodontal services (nonsurgical): scaling and root planing, debridement and periodontal maintenance</li></ul>	50% coinsurance (Health Net pays 50%) for nonsurgical periodontal treatment and maintenance	50% coinsurance <sup>2</sup> (Health Net pays 50%) for nonsurgical periodontal treatment and maintenance

<sup>1</sup>Multi-year benefit may not be available in subsequent years.

<sup>2</sup>Maximum allowable charge: When copayments are charged as a percentage of eligible expenses, the amount you pay for dental services from non-network providers is determined as a percentage of the negotiated contract rates of network providers plus the amount by which the non-network provider's billed charge exceeds the contracted fee. An out-of-network provider can provide a pretreatment cost estimate for covered dental services.



### **DENTAL CLAIMS**

If you see a non-plan dentist, you may have to file a claim with Health Net Dental.

Health Net Dental will pay your provider its share of the bill for any covered services that are determined to have been medically necessary and let you know what, if anything, you must pay your provider.

Please call the Health Net Dental Customer Service Department toll-free number for a claim form and claim filing instructions at 1-866-249-2382 (TTY users should call 711), Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

The bill should be submitted to the following address:

Health Net Dental  
Attn: Claims Unit  
PO Box 30567  
Salt Lake City, UT 84130





# How to Enroll in Optional Package #1, #2 or #3<sup>1</sup>

In order to enroll in an Optional Supplemental Benefits Package, you must enroll in, or be enrolled in, a Medicare Supplement Plan (A, D, F, F, High Deductible Plan F, Innovative Plan F, G, Innovative Plan G or N) and reside in the state of California:

- Complete a Health Net Life Insurance Company Individual Medicare Supplement Optional Supplemental Benefits Package Individual Enrollment Form and dental application. Benefits will become effective the first of the following month. You will receive a new Medicare Supplement Plan ID card that includes the customer service phone numbers for your Optional Supplemental benefits.
- You may disenroll at any time from this option by providing written notice to Health Net Life Insurance Company. If you terminate coverage, you must wait 12 months until you may again apply for coverage.
- Premiums for Optional Supplemental Benefit Packages will be added to your Individual Medicare Supplement Health Plan billing.

## Questions

If you have any questions regarding the Optional Supplemental Benefits Packages, please call Health Net.



1-800-944-7287  
(TTY users should call 711)



8:00 a.m. to 6:00 p.m.  
Monday through Friday,  
except holidays

<sup>1</sup>Packages 1 and 2 are not available for Innovative Plan F or Innovative Plan G, as those benefits are included in the plans.

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