



**Health Net**<sup>®</sup>

LIFE INSURANCE COMPANY

# HEALTH NET LIFE INSURANCE COMPANY CALIFORNIA FARM BUREAU FEDERATION 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 so, please circle the criteria number(s) and return this form with your Health Net Life Medicare Supplement Plan enrollment 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 and no longer have ESRD, please provide a statement from your physician that you no longer have ESRD.**

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).

# MEDICARE SUPPLEMENT GUARANTEE ISSUE GUIDE

Review the guaranteed issue guidelines outlined below and determine if you qualify for automatic acceptance under one or more criteria. If so, please circle the criteria number(s) and return this form with your Health Net Life Medicare Supplement enrollment 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 and no longer have ESRD, please provide a statement from your physician that you no longer have ESRD.**

For questions regarding the Plan and/or the guaranteed issue guidelines, please call Health Net 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 ❶	TIME FRAME	SUPPORTING DOCUMENTS
<b>1</b> 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.	You are eligible to enroll in any Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and J).	Health Net Life must receive your application <b>within six (6) months</b> 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.	Proof of date of enrollment in Medicare (e.g., copy of Medicare card).
<b>2</b> You currently have a Medicare Supplement Plan with another carrier and have requested an effective date with Health Net Life that is within 30 days after your last birthday.	You are eligible to enroll in a Health Net Life Medicare Supplement Plan of equal or lesser benefits than your current Plan.	Health Net Life must receive your application <b>within 30 days</b> after your last birthday. NOTE: Your effective date will be the first day of the month following receipt of your application.	Proof of coverage with another carrier.

## CRITERIA

- 3 You enrolled in a Medicare Advantage or PACE Provider Plan after either: First becoming eligible for benefits under
- Medicare Part A and then disenrolled from that Medicare Advantage or PACE Provider Plan within 12 months of the effective date of enrollment, or
  - Postponing enrollment in Medicare Part A or Part B because you were eligible for employer-sponsored coverage, and then you disenrolled from that Medicare Advantage or PACE Provider Plan within 12 months of the effective date of enrollment became effective.

## YOUR CHOICES ①

You are eligible for **any** Health Net Life Medicare Supplement Plan (Health Net Life Insurance Company offers Plans A, C, F, F+ and J).

## TIME FRAME

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, PACE Provider or the Medicare Select Plan became effective.

## SUPPORTING DOCUMENTS

Proof of disenrollment from a Medicare Advantage, PACE Provider or Medicare Select Plan.

- 4 You disenrolled from a Medicare Supplement Plan to enroll for the first time in a Medicare Select, PACE Provider or a Medicare Advantage Plan and then voluntarily disenrolled within 12 months of coverage.

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, F+ and J. If your former Medigap policy included drug coverage, you can still get that same policy if it is offered for sale by Health Net Life, but without the drug coverage.

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 or Medicare Select Plan became effective.

Proof of termination from a Medicare Advantage, PACE Provider or Medicare Select Plan.

*Your 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 Medicare Advantage Plan.*

CRITERIA	YOUR CHOICES ①	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>5</b> You enrolled in a Medicare Advantage or PACE Provider Plan, but coverage was terminated because:</p> <ul style="list-style-type: none"> <li>• the Plan terminated its Medicare Advantage contract, or</li> <li>• the Plan discontinued offering coverage in your service area, or</li> <li>• you no longer reside in the Medicare Advantage service area.</li> </ul>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F, F+ or J.</p>	<p>Health Net Life must receive your application <b>within 63 days</b> 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>
<p><b>6</b> You enrolled in an employer group health Plan that provides health benefits that supplement the benefits under Medicare, but</p> <ol style="list-style-type: none"> <li>a) your employer group terminated health coverage</li> <li>b) you are no longer eligible to continue employer group health benefits due to the divorce or death of a spouse, <b>or</b></li> <li>c) your employer stopped providing some, all or substantially all Plan benefits, <b>and</b></li> <li>d) your employer no longer provides insurance that covers all of the payment for the Part B 20% coinsurance.</li> </ol>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F, F+ or J.</p>	<p>Health Net Life must receive your application <b>within 63 days</b> 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><b>7</b> 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, 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 <b>any</b> Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ or J).</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> 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>

CRITERIA	YOUR CHOICES ①	TIME FRAME	SUPPORTING DOCUMENTS
<p><b>8</b> 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 <b>any</b> Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and J).</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> 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><b>9</b> 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"> <li>• a military base closure</li> <li>• the base no longer offers health care services, or</li> <li>• you have relocated.</li> </ul>	<p>You are eligible to enroll in <b>any</b> Health Net Life Medicare Supplement Plan (Health Net Life offers Plans A, C, F, F+ and J).</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> 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><b>10</b> You enrolled in a Medicare Supplement Plan but coverage stopped because:</p> <ul style="list-style-type: none"> <li>• the company filed for bankruptcy or insolvency, or</li> <li>• the company involuntarily terminated coverage, or</li> <li>• the company violated a material provision of the Plan, or</li> <li>• the company, or an agent acting on its behalf, materially misrepresented a provision of the Plan.</li> </ul>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F, F+ and J.</p>	<p>Health Net Life must receive your application <b>within 63 days</b> 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>
<p><b>11</b> 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, F+ and J.</p>	<p>You are entitled to a <b>63-day</b> open enrollment period from the date of termination from the Medicare Advantage or PACE Provider Plan, plus an additional <b>60-day</b> open enrollment period.</p>	<p>Proof of termination (including date of termination) from a Medicare Advantage or PACE Provider Plan.</p>

CRITERIA	YOUR CHOICES ①	TIME FRAME	SUPPORTING DOCUMENTS
<p>12 You are under age 65 and entitled to Medicare Part B, because of disability, <b>but you do not have end-stage renal disease (ESRD).</b></p>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F, F+ or J.</p>	<p>Health Net Life must receive your application <b>within six (6) months</b> 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 Health Net Seniority Plus and,</p> <ul style="list-style-type: none"> <li>• it reduces its benefits, or</li> <li>• it increased the amount of cost-sharing, or</li> <li>• it 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.</li> </ul>	<p>You are eligible to enroll in Health Net Life Medicare Supplement Plans A, C, F, F+ or J.</p>	<p>Health Net Life must receive your application <b>within 63 days</b> after a Health Net Seniority Plus qualifying event, as described under the criteria.</p>	<p>Health Net Seniority Plus will review its records for applicability.</p>
<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 at <b>1-800-944-7287</b> (TTY/TDD <b>1-800-929-9955</b> for the hearing and speech impaired Monday-Friday, 8:00 a.m.-8:00 p.m., except holidays) Monday–Friday, 8:00 a.m.–6:00 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 <b>within 63 days after your coverage in a Medicare Part D Plan begins.</b></p>	<p>Health Net Life will review its records for applicability.</p>

**CRITERIA**

**YOUR CHOICES ❶**

**TIME FRAME**

**SUPPORTING DOCUMENTS**

**15** Commencing January 1, 2007, if you are age 65 or older, 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, you are entitled to open enrollment.

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.

Proof of termination of your Medi-Cal eligibility due to an increase in your income or assets.

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



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Underwritten by Health Net Life Insurance Company