

GUIDELINES FOR SUBMITTING AN INDIVIDUAL & FAMILY PLANS APPLICATION

The applicant should review the Health Net of Arizona Individual & Family Plans carefully in order to select the plan that best fits their needs.

Plan benefits and rates can be found in the enrollment packet or online at healthnet.com. Click on *See Our Plans > Arizona > Individual and Family Plans*.

When applying for an HMO plan, the applicant must select a primary care physician from the Health Net provider directory, which can be found online at healthnet.com > *Search Our Doctor Network*.

Applicants must follow the process below when applying for individual coverage:

- The application must be filled out and signed in **blue or black ink**. The primary applicant must initial any changes. Applications submitted in pencil will not be accepted.
- Complete and sign the Health Net Individual & Family Plans enrollment application.

- Include a check for the first month's premium made payable to Health Net of Arizona, Inc.
- Provide a prompt response to requests for additional information by Health Net's Underwriting department.

Brokers can provide their clients with a hard copy or web link to the Individual & Family Plans application. Applicants can also access the application online at healthnet.com. Click on *See Our Plans > Arizona > Individual and Family Plans*.

The application must be filled out completely and accurately **by the applicant**. Any information regarding an applicant's medical history that is discussed between the applicant and the broker, either verbally or in writing, must be included on the application form. All applicants are required to list the last physician seen regardless of the date or reason even if the responses to all health questions are "no."

If necessary, the applicant may attach extra sheets of paper to provide explanations. All attachments must be signed and dated. Delayed or denied responses from the applicant to additional requests for information by Health Net may result in a delayed response to the application.

If the application is approved, any misstatement or omission of information may result in future claims being denied and the plan being rescinded from the initial effective date.

- Coverage is not guaranteed, except for guaranteed issue HIPAA coverage. Only Health Net underwriters may make a final decision to accept or decline an application.
- Effective dates of coverage will not be back dated. Retroactive effective dates are not available.
- Your clients can request a first of the month, 15th of the month or first available effective date.

- A parent or legal guardian who completes an application for a child under age 18 must provide his or her name, address and phone number, sign the application and accurately describe the relationship to the applicant (e.g., parent, legal guardian).
- Health Net must receive the application within 30 days from the signature date. A new application will be required if the signature date is more than 30 days old.
- Applicants age 55 and older who have not been examined by a physician during the previous two years will be required to submit the results of a current physical examination, including height and weight, blood pressure, resting EKG, blood chemistry profile and urinalysis.
 - Male applicants must include the results of a PSA in their blood chemistry profile. Female applicants must include the results of a mammogram and cervical cancer screening. Applicants are responsible for expenses.
- Coverage is not available to individuals who live outside of the United States for more than 90 consecutive days per year.
- The home address on the application must be the applicant's physical address in Arizona. A post office box is not acceptable.

Legal Requirements

APPLICANTS AGE 18 AND OVER:

Health Net requires the applicant and the applicant's spouse (if also applying for coverage) to read, complete and assume accountability for the "Conditions of Enrollment" by signing and dating the application in **blue or black ink**.

APPLICANTS UNDER AGE 18: The custodial parent or legal guardian must sign and personally complete the health history for under-age applicants and dependents not residing with the applicant or payor. This individual is accountable for the accuracy of the information, including alcohol and drug use. All plan change requests must be completed by the applicant/primary insured member over 18 years of age.

Application Approval

Once the application is processed and approved, the applicant will be notified in writing of their effective date.

First Month's Premium

New members must include a check for their first month's premium along with their application. The check will not be deposited until their application is approved. They may pay by check, credit card or *Quick Pay*, for an automatic withdrawal process from their checking or savings account.

Retroactive Action (Rescissions)

Health Net may void or rescind medical coverage at any time due to false or omitted health history information on the application. If an undisclosed pre-existing condition is discovered, the contract may be retroactively cancelled and premiums will be refunded.

Broker commission is adversely affected by retroactive cancellations. Any commission paid on a policy that is rescinded will be charged back and collected from the broker.



Decision PowerSM is not part of Health Net's commercial medical benefit plans nor affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power is part of Health Net's Medicare Advantage benefit plans but is not affiliated with Health Net's provider network. Decision Power services, including Health Coaches, are additional resources that Health Net makes available to enrollees of the Health Net companies.

In Arizona, benefits are insured and/or administered by Health Net of Arizona, Inc. for HMO plans and Health Net Life Insurance Company for indemnity plans and life coverage. The Health Net of Arizona, Inc. service area includes all Arizona counties. Participating Providers are neither agents nor employees of Health Net of Arizona, but are independently contracted entities that are legally responsible for their own care, treatment and other services provided to Health Net members.