



You Have Our Word, Backed by \$7,500!

As a new Health Net employer group, we want to make sure your employees have access to their health care benefits right away. We guarantee we'll mail out their ID cards in ten working days, or we'll pay you \$7,500. No other California health care company offers a promise like that.





Our exclusive **ID Card Express** is the perfect way to ensure your employees have access to their health care benefits right away. Here's everything you need to know about who's eligible for this guarantee and how it works.

WHO IS ELIGIBLE¹?

- New California groups only;
- With 101 to 500 employees; and
- Choose from Health Net's Enhanced Choice or Starting Line-Up (SLU) plan options.

HERE'S HOW IT WORKS

- Once we approve your application and enrollment package, you'll receive a welcome letter from Health Net. This letter will let you know you qualify for ID Card Express.
- We guarantee Health Net ID cards will be mailed to your group within 10 working days from the date of the welcome letter.
- 3. If we don't live up to our promise, we'll pay you \$7,500!

Keeping you informed

Your broker or Health Net sales consultant will work closely with you to keep you informed about your eligibility and if your employees' enrollment materials meet the qualification requirements for this guarantee. If there are any issues with the materials, or if your eligibility changes during the process, you'll be advised right away.

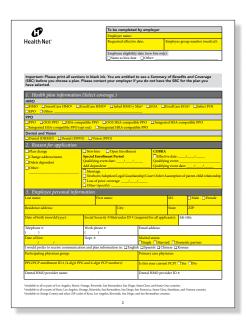
HOW TO SUBMIT YOUR ENROLLMENT PACKAGE

Here are some tips to help you meet the guarantee rules. Your broker or Health Net sales consultant will provide you with the required enrollment spreadsheet, called the Census Robotech Member Enrollment Template or Generic 349 Layouts Medical Dental Vision Life. You will need to fill out one of these spreadsheets based on your enrollment type.

- Provide all your employee enrollment forms or the required spreadsheet to Health Net as soon as possible so they can be processed with the initial submission.
 - Late or incomplete packages may be disqualified.
- Check your spreadsheet or enrollment forms. Make sure they are complete and contain no errors. Enrollment Packages with more than 30 percent discrepancies will delay ID cards and are not covered by this offer.



Double check all the highlighted critical fields as noted in the sample shown here.

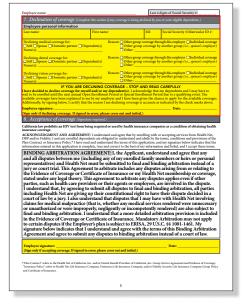


Spouse/Domestic partner Last name: □M □F	First name: MI:		MI:
Residence address: Check here if same as subscriber	City:	State:	ZIP:
Date of birth (mm/dd/yyyy):	Social Security #/Matricular ID # (required for all applicants)		
Participating physician group:	Primary care physician:		
PPG/PCP enrollment ID # (4-digit PPG and 6-digit PCP numbers):	Is this your current PCP? ☐ Yes ☐ No		
Dental HMO provider name:	Dental HMO provider ID #:		
Son Disabled: Last name: Daughter Yes No	First name: MI:		MI:
Residence address: Check here if same as subscriber	City:	State:	ZIP:
Date of birth (mm/dd/yyyy):	Social Security #/Matricular ID # (required for all applicants):		
Participating physician group:	Primary care physician:		
PPG/PCP enrollment ID # (4-digit PPG and 6-digit PCP numbers):	Is this your current PCP? ☐ Yes ☐ No		
Dental HMO provider name:	Dental HMO provider ID #:		
Son Disabled: Last name: Daughter Yes No	First name: MI:		
Residence address: Check here if same as subscriber	City:	State:	ZIP:
Date of birth (mm/dd/yyyy):	Social Security #/Matricular ID # (required for all applicants):		
Participating physician group:	Primary care physician:		
PPG/PCP enrollment ID # (4-digit PPG and 6-digit PCP numbers):	Is this your current PCP? ☐ Yes ☐ No		
Dental HMO provider name:	Dental HMO provider ID #:		
Son Disabled: Last name:	First name:	First name: MI:	
Daughter Yes No Residence address: Check here if same as subscriber	City:	State:	ZIP:
Date of birth (mm/dd/yyyy):	Social Security #/Matricular	ID # (require	ed for all applicants):
Participating physician group:	Primary care physician:		
PPG/PCP enrollment ID # (4-digit PPG and 6-digit PCP numbers):	Is this your current PCP?		
Dental HMO provider name:	☐ Yes ☐ No Dental HMO provider ID #:		
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Section 7 is only critical if the member wants to **decline coverage** for themselves or their eligible dependent(s).







Next steps

You're all set – there's nothing else for you to do. We'll make sure your group receives their ID cards promptly, as promised.

You and your employees will be able to access benefits right away. And you'll find more helpful services online at **www.healthnet.com**.

- For you: Easy-to-use online billing and enrollment.
- For your employees: Online tools and resources to view benefits and claims, find doctors, and access wellness programs.

Health Net – your trusted partner for better health



Call your broker or your Health Net sales consultant today to find out more about our ID Card Express program. We look forward to partnering with you to help your employees live and work well.