



Small Business Group
Mental Health Parity & Addiction Equity Act
Employer Acknowledgement Form

Effective Date: _____

Group Name: _____

Group Number(s): _____

As an Employer that employs on average more than fifty (50) employees during the previous calendar year, I understand for benefit plan contracts entered into or renewed on and after November 1, 2009, I am required to enroll in plan(s) with benefits in accordance to the *Mental Health Parity and Addiction Equity Act of 2008*, unless otherwise exempted.

I understand that Health Net will be adding this coverage to my plan benefits retroactive to my effective date, and that the coverage documents reflecting these additional benefits will be distributed as soon as possible. In the interim, the mental health and substance abuse treatment coverage that is included in my plan benefits will be administered in parity with the predominant medical/surgical benefits of my plan. I agree to pay the additional premium required to cover this plan benefit addition, per the rate chart below.

Premium Increase Per Employee/Per Month			
HMO and EOA Plans		PPO, HSA-Compatible, HRA-Compatible and POS Plans	
Employee Only	\$2.00	Employee Only	\$3.50
Employee & Spouse	\$4.50	Employee & Spouse	\$7.75
Employee & Children	\$3.50	Employee & Children	\$6.25
Family	\$5.75	Family	\$9.75

Rates are for Groups effective between 11/1/09 and 4/15/10 and are illustrated based on a 1.0 RAF. Final rates will be adjusted to the Group's RAF and are subject to Underwriting approval.

Signature of Company Officer

Please Print Name

Title

Health Net HMO, EOA, POS and Salud con Health Net HMO plans are offered by Health Net of California. Health Net PPO, HSA-compatible PPO insurance plans, Flex Net and Salud con Health Net PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company.