



## 2015 Drug List Negative Changes

Updated 08/25/2015

If you are taking a drug that is removed from the drug list, we will tell you. We will also tell you if we add any restrictions on a drug. We will tell you at least 60 days before we make these changes. This gives you time to talk to your doctor about what to do next.

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the drug list right away. We will also send you a letter telling you that.

The table below shows changes made to our 2015 drug lists. Your cost share depends on your coverage stage. Your Drug List tells you the tier that applies to each covered drug.

| Date of Change | Drug Name                         | Type of Change  | Possible Alternative Drug(s)          | Affected Drug Lists                                | Comments                               |
|----------------|-----------------------------------|---|---------------------------------------|--|--|
| 1/1/2015       | ASPIRIN SUPPOS 60 mg              | This drug was removed from the market.                        | Aspirin Suppos 120 mg                 | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | CAMPATH                           | This drug was removed from the market.                        | N/A                                   | • All  | Contact your doctor for other options. |
| 1/1/2015       | CASTOR OIL 95%                    | This drug was removed from the market.                        | N/A                                   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | CVS CALAMINE                      | This drug was removed from the market.                        | Calamine Lotion                       | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | DESPEC-EXP                        | This drug was removed from the market.                        | N/A                                   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | diphenhydramine hcl CAPS OR 50 MG | Removed non-Part D eligible drug (Expired marketing end date) | diphenhydramine hcl 25 MG CAPS        | • Cal MediConnect<br>• Classic<br>• Value          | Contact your doctor for other options. |
| 1/1/2015       | ELOXATIN 200 MG/40 ML IV SOLN     | Removed non-Part D eligible drug (Expired marketing end date) | ELOXATIN INJ 100MG, ELOXATIN INJ 50MG | • Classic<br>• Jade<br>• Value<br>• Employer Group | Contact your doctor for other options. |
| 1/1/2015       | ENDACOF-DC                        | This drug was removed from the market.                        | N/A                                   | • Cal MediConnect                                  | Contact your doctor for other options. |

| Date of Change | Drug Name                                  | Type of Change  | Possible Alternative Drug(s)                                  | Affected Drug Lists                                | Comments                               |
|----------------|--|---|---|--|--|
| 1/1/2015       | FLUOROURACIL CREAM 0.5%                    | Removed non-Part D eligible drug (Expired marketing end date) | CARAC, fluorouracil cream 5%                                  | • All  | Contact your doctor for other options. |
| 1/1/2015       | FOLGARD 115MCG-800MCG-10MG                 | This drug was removed from the market.                        | Folic Acid-Vitamin B6-Vitamin B12                             | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | hydrocodone-acetaminophen caps 5mg-500mg   | This drug was removed from the market.                        | N/A   | • Value  | Contact your doctor for other options. |
| 1/1/2015       | hydrocodone-acetaminophen tabs 10mg-750mg  | This drug was removed from the market.                        | N/A   | • Value  | Contact your doctor for other options. |
| 1/1/2015       | hydrocortisone acetate-aloe vera CREA 0.5% | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | isolyte-h/dextrose 5%                      | This drug was removed from the market.                        | N/A   | • Classic<br>• Employer Group                      | Contact your doctor for other options. |
| 1/1/2015       | orphenadrine compound ds                   | This drug was removed from the market.                        | Orphenadrine w/ Aspirin & Caffeine Tab 25-385-30 MG           | • Classic<br>• Jade<br>• Value<br>• Employer Group | Contact your doctor for other options. |
| 1/1/2015       | pentazocine-acetaminophen                  | This drug was removed from the market.                        | N/A   | • Value  | Contact your doctor for other options. |
| 1/1/2015       | POTASSIUM CHLORIDE INJ 30MEQ/100ML         | This drug was removed from the market.                        | Potassium chloride Inj 2 mEq/ML, 10 mEq/100 ML, 20 mEq/ 50 ML | • All  | Contact your doctor for other options. |
| 1/1/2015       | RETROVIR                                   | This drug was removed from the market.                        | Zidovudine (generic)  | • All  | Contact your doctor for other options. |
| 1/1/2015       | SEASONALE (91-Day)                         | This drug was removed from the market.                        | Levonorgesterel & Ethinyl Estradiol                           | • All  | Contact your doctor for other options. |
| 1/1/2015       | Sodium Chloride Soln Nebu IN 0.45%         | This drug was removed from the market.                        | Sodium chloride Nebu In 0.9%                                  | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | TRANS-VER-SAL ADULTPATCH                   | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | TRANS-VER-SAL PEDIAPATCH                   | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 1/1/2015       | TRANS-VER-SAL PLANTARPATCH                 | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |

| Date of Change | Drug Name  | Type of Change                         | Possible Alternative Drug(s)  | Affected Drug Lists                                | Comments  |
|----------------|--|--|---|--|---|
| 1/1/2015       | TRI-VI-SOL/IRON                                    | This drug was removed from the market. | N/A   | • Cal MediConnect                                  | Contact your doctor for other options.                |
| 1/1/2015       | VANDETANIB   | This drug was removed from the market. | Caprelsa  | • All  | Contact your doctor for other options.                |
| 2/1/2015       | ACTHAR HP  | This drug was removed from the market. | H.P. ACTHAR   | • All  | Contact your doctor for other options.                |
| 2/1/2015       | AF CAPSICUM OLEORESIN                              | This drug was removed from the market. | N/A   | • Cal MediConnect                                  | Contact your doctor for other options.                |
| 2/1/2015       | ANTIVERT   | This drug was removed from the market. | meclizine 12.5 mg, 25 mg or 32 mg   | • Classic<br>• Jade<br>• Value<br>• Employer Group | Contact your doctor for other options.                |
| 2/1/2015       | APTIOM   | Quantity Limit was added.              | N/A   | • Cal MediConnect<br>• Classic<br>• Employer Group | Quantity limit is FDA maximum daily dose safety limit |
| 2/1/2015       | AVEENO SMART ESSENTIALS PORE PURIFYING FACIAL WASH | This drug was removed from the market. | AQUANIL SKIN CLEANSER, CETAPHIL GENTLE SKIN CLEANSER, AVEENO POSITIVELY RADIANT CLEANSER, AVEENO POSITIVELY AGELESS DAILY EXFOLIATING CLEANSER, FORMULA 405 FACIAL & BODY CLEANSING, TOPICLEAR, ANTIBACTERIAL HAND LOTION, OCCUSOFT HAND SOAP, DIABETIDERM CLEANSING, NIVEA TOUCH OF SMOOTHNESS MOISTURIZING BODY WASH, NIVEA MOISTURIZING BODY WASH, NIVEA VISAGE GENTLE CLEANSING | • Cal MediConnect                                  | Contact your doctor for other options.                |
| 2/1/2015       | brompheniramine & pseudoeph TABS 4MG-40MG          | This drug was removed from the market. | Brompheniramine & Pseudoephedrine Elixir 1-15 MG/5ML  | • Cal MediConnect                                  | Contact your doctor for other options.                |

| Date of Change | Drug Name                            | Type of Change                        | Possible Alternative Drug(s) | Affected Drug Lists                   | Comments   |
|----------------|--------------------------------------|---------------------------------------|------------------------------|---------------------------------------|--|
| 2/1/2015       | calcitonin (salmon)                  | B vs D prior authorization was added. | N/A                          | • All                                 | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |
| 2/1/2015       | calcitriol CAPS OR 0.25 MCG, 0.5 MCG | B vs D prior authorization was added. | N/A                          | • Cal MediConnect                     | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |
| 2/1/2015       | calcitriol SOLN OR 1 MCG/ML          | B vs D prior authorization was added. | N/A                          | • Cal MediConnect                     | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |
| 2/1/2015       | FORTICAL                             | B vs D prior authorization was added. | N/A                          | • Cal MediConnect<br>• Employer Group | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |
| 2/1/2015       | ibandronate sodium SOLN IV 3 MG/3ML  | B vs D prior authorization was added. | N/A                          | • Cal MediConnect                     | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |

| Date of Change | Drug Name   | Type of Change                         | Possible Alternative Drug(s)     | Affected Drug Lists | Comments   |
|----------------|---|--|----------------------------------|---------------------|--|
| 2/1/2015       | ibandronate sodium<br>TABS OR 150 MG                      | B vs D prior authorization was added.  | N/A                              | • Cal MediConnect   | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |
| 2/1/2015       | ICAPS<br>LUTEIN/ZEAXANTH<br>IN FORMULA                    | This drug was removed from the market. | ULTRA MAN, ULTRA WOMAN           | • Cal MediConnect   | Contact your doctor for other options.   |
| 2/1/2015       | isoniazid & rifampin                                      | This drug was removed from the market. | rifamate                         | • All               | Contact your doctor for other options.   |
| 2/1/2015       | levocarnitine<br>(metabolic modifiers)<br>TABS OR 330 MG  | B vs D prior authorization was added.  | N/A                              | • Cal MediConnect   | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |
| 2/1/2015       | loxitane 50 MG  | This drug was removed from the market. | loxapine succinate CAPS OR 50 MG | • All               | Contact your doctor for other options.   |
| 2/1/2015       | LUMIGAN 0.03%   | This drug was removed from the market. | LUMIGAN 0.01%                    | • All               | Contact your doctor for other options.   |
| 2/1/2015       | MIACALCIN IJ 200<br>UNIT/ML                               | B vs D prior authorization was added.  | N/A                              | • Cal MediConnect   | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |
| 2/1/2015       | MIACALCIN NA 200<br>UNIT/ACT (Use<br>Calcitonin (Salmon)) | B vs D prior authorization was added.  | N/A                              | • Employer Group    | Prior authorization is for B vs D coverage decision and only affects ESRD members on dialysis. Contact Health Net if this drug is not used for dialysis treatment. |

| Date of Change | Drug Name   | Type of Change   | Possible Alternative Drug(s)   | Affected Drug Lists                                | Comments   |
|----------------|---|--|--|--|--|
| 2/1/2015       | paricalcitol CAPS OR<br>1 MCG, 2 MCG, 4<br>MCG  | B vs D prior authorization<br>was added.   | N/A  | • Cal MediConnect                                  | Prior authorization is for<br>B vs D coverage decision<br>and only affects ESRD<br>members on dialysis.<br>Contact Health Net if this<br>drug is not used for<br>dialysis treatment. |
| 2/1/2015       | PROLASTIN SUSR<br>1000 MG   | This drug was removed<br>from the market.  | PROLASTIN-C, ARALAST NP<br>OR ZEMAIRA  | • All  | Contact your doctor for<br>other options.  |
| 2/1/2015       | psyllium POWD 48%   | This drug was removed<br>from the market.  | psyllium powd 28.3 %, 30%, 30.9<br>%, 33 %, 48.57 %, 49 %, 58.6 %,<br>68%, 95 %, 100 % | • Cal MediConnect                                  | Contact your doctor for<br>other options.  |
| 2/1/2015       | SPECTRO-JEL   | This drug was removed<br>from the market.  | OC8, NONYX, AURSTAT ANTI-<br>ITCH HYDROGEL,<br>NASALGUARD                              | • Cal MediConnect                                  | Contact your doctor for<br>other options.  |
| 3/1/2015       | codeine sulfate 15 mg,<br>30 mg, 60 mg  | Quantity Limit was added.<br>Coverage will stay the<br>same for current users until<br>6/1/15. | N/A  | • Classic<br>• Jade<br>• Value<br>• Employer Group | Quantity limit is FDA<br>maximum daily dose<br>safety limit  |
| 3/1/2015       | pediatric multiple<br>vitamin w/ c SYRP<br>400UNIT/5ML-<br>10MG/5ML-<br>1.2MG/5ML-<br>15MG/5ML-<br>2500UNIT/5ML-<br>3MCG/5ML-<br>1MG/5ML-<br>0.8MG/5ML-<br>60MG/5ML | This drug was removed<br>from the market.  | pediatric multiple vitamin w/ c  | • Cal MediConnect                                  | Contact your doctor for<br>other options.  |
| 3/1/2015       | tramadol hcl tb24 or<br>100 mg  | Quantity Limit was added.<br>Coverage will stay the<br>same for current users until<br>6/1/15. | N/A  | • All  | Quantity limit is FDA<br>maximum daily dose<br>safety limit  |

| Date of Change | Drug Name                                       | Type of Change  | Possible Alternative Drug(s)                        | Affected Drug Lists | Comments  |
|----------------|---|---|---|---------------------|---|
| 3/1/2015       | tramadol hcl tb24 or 100 mg (Biphasic)          | Quantity Limit was added. Coverage will stay the same for current users until 6/1/15. | N/A   | • All               | Quantity limit is FDA maximum daily dose safety limit |
| 3/1/2015       | tramadol hcl tb24 or 200 mg                     | Quantity Limit was added. Coverage will stay the same for current users until 6/1/15. | N/A   | • All               | Quantity limit is FDA maximum daily dose safety limit |
| 3/1/2015       | tramadol hcl tb24 or 200 mg (Biphasic)          | Quantity Limit was added. Coverage will stay the same for current users until 6/1/15. | N/A   | • All               | Quantity limit is FDA maximum daily dose safety limit |
| 3/1/2015       | zolmitriptan tbdp 5 mg                          | Quantity Limit was added. Coverage will stay the same for current users until 6/1/15. | N/A   | • Cal MediConnect   | Quantity limit is FDA maximum daily dose safety limit |
| 4/1/2015       | FOLTX (Use Folic Acid-Pyridoxine-Cyancobalamin) | This drug was removed from the market.  | folic acid-pyridoxine-cyancobalamin                 | • Cal MediConnect   | Contact your doctor for other options.                |
| 4/1/2015       | loxitane 25 MG                                  | This drug was removed from the market.  | N/A   | • All               | Contact your doctor for other options.                |
| 4/1/2015       | RADIGEL   | This drug was removed from the market.  | N/A   | • All               | Contact your doctor for other options.                |
| 4/1/2015       | UREX (Use Methenamine Hippurate)                | This drug was removed from the market.  | methenamine hippurate                               | • All               | Contact your doctor for other options.                |
| 5/1/2015       | ASACOL  | This drug was removed from the market.  | ASACOL HD   | • All               | Contact your doctor for other options.                |
| 5/1/2015       | CEENU (Use Lomustine)                           | This drug was removed from the market.  | lomustine   | • All               | Contact your doctor for other options.                |
| 5/1/2015       | cytarabine solr 500 MG                          | Removed non-Part D eligible drug (Expired marketing end date)                         | cytarabine soln 100 mg/ml; cytarabine soln 20 mg/ml | • All               | Contact your doctor for other options.                |
| 5/1/2015       | DONNATAL (Belladonna Alkaloids-Phenobarbital)   | Removed non-Part D eligible drug (DESI 5 LTE)   | N/A   | • Cal MediConnect   | Contact your doctor for other options.                |

| Date of Change | Drug Name   | Type of Change   | Possible Alternative Drug(s)          | Affected Drug Lists   | Comments                               |
|----------------|---|--|---------------------------------------|---|--|
| 5/1/2015       | foscarnet sodium  | This drug was removed from the market.                                   | N/A                                   | <ul style="list-style-type: none"> <li>• Classic</li> <li>• Employer Group</li> </ul> | Contact your doctor for other options. |
| 5/1/2015       | pediatric multivitamins w/fl                                  | Removed non-Part D eligible drug (Not on the NSDE)                       | N/A                                   | <ul style="list-style-type: none"> <li>• Cal MediConnect</li> </ul>                   | Contact your doctor for other options. |
| 5/1/2015       | PLAN B (Use Levonorgestrel (Emergency OC))                    | Removed non-Part D eligible drug (Expired marketing end date)            | levonorgestrel (emergency oc) 0.75 mg | <ul style="list-style-type: none"> <li>• Employer Group</li> </ul>                    | Contact your doctor for other options. |
| 5/1/2015       | POLY-VI-FLOR  | Removed non-Part D eligible drug (Unapproved drug other)                 | N/A                                   | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |
| 5/1/2015       | QUFLORA PEDIATRIC   | Removed non-Part D eligible drug (Unapproved drug other)                 | N/A                                   | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |
| 5/1/2015       | REYATAZ CAPS 100 MG   | This drug was removed from the market.                                   | REYATAZ CAPS 150 MG, 200 MG, 300 MG   | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |
| 5/1/2015       | salicylic acid gel ex 6 %                                     | Removed non-Part D eligible drug (Unapproved drug other)                 | N/A                                   | <ul style="list-style-type: none"> <li>• Cal MediConnect</li> </ul>                   | Contact your doctor for other options. |
| 5/1/2015       | sodium bicarbonate soln iv 8.4%                               | Removed non-Part D eligible drug (Unapproved drug other/Not on the NSDE) | N/A                                   | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |
| 5/1/2015       | sodium fluoride CHEW OR 0.25 MG, 0.5 MG, 1 MG, 1.1 MG, 2.2 MG | Removed non-Part D eligible drug (Not on the NSDE)                       | N/A                                   | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |
| 5/1/2015       | Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)      | Removed non-Part D eligible drug (Unapproved drug other)                 | N/A                                   | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |
| 5/1/2015       | Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)         | Removed non-Part D eligible drug (Unapproved drug other)                 | N/A                                   | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |
| 5/1/2015       | TRIGLIDE 50 MG  | This drug was removed from the market.                                   | fenofibrate                           | <ul style="list-style-type: none"> <li>• All</li> </ul>                               | Contact your doctor for other options. |



| Date of Change | Drug Name  | Type of Change  | Possible Alternative Drug(s)                                      | Affected Drug Lists                                | Comments                               |
|----------------|--|---|---|--|--|
| 6/1/2015       | PILOPINE HS  | This drug was removed from the market.                        | N/A   | • All  | Contact your doctor for other options. |
| 7/1/2015       | butabarbital sodium  | Removed non-Part D eligible drug (Expired marketing end date) | BUTISOL SODIUM  | • All  | Contact your doctor for other options. |
| 7/1/2015       | CHILDRENS MOTRIN COLD (Use Pseudoephedrine-Ibuprofen)                                    | This drug was removed from the market.                        | Pseudoephedrine-Ibuprofen   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 7/1/2015       | FLEXERIL (Use Cyclobenzaprine HCl)   | This drug was removed from the market.                        | Cyclobenzaprine HCl   | • Employer Group                                   | Contact your doctor for other options. |
| 7/1/2015       | GLUCAGEN DIAGNOSTIC  | Removed non-Part D eligible drug (Part B coverable)           | N/A   | • All  | Contact your doctor for other options. |
| 7/1/2015       | LARTUS   | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 7/1/2015       | TYLENOL CHILDRENS PLUS COLD & STUFFY NOSE  | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 7/1/2015       | VECAMYL  | Removed non-Part D eligible drug (Expired marketing end date) | N/A   | • Classic  | Contact your doctor for other options. |
| 8/1/2015       | FIORICET/CODEINE 325MG-50MG-40MG-30MG (Use Butalbital-Acetaminophen-Caffeine w/ Codeine) | This drug was removed from the market.                        | butalbital-acetaminophen caffeine w/ codeine 325mg-50mg-40mg-30mg | • Employer Group                                   | Contact your doctor for other options. |
| 8/1/2015       | GILTUSS TR TB12 30MG-600MG-20MG  | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 8/1/2015       | HALFLYTELY BOWEL PREP/FLAVOR PACKS   | This drug was removed from the market.                        | GAVILYTE-H, PEG-PREP  | • Classic<br>• Jade<br>• Value<br>• Employer Group | Contact your doctor for other options. |
| 8/1/2015       | hydrocortisone acetate-urea  | This drug was removed from the market.                        | N/A   | • Classic  | Contact your doctor for other options. |

| Date of Change | Drug Name                      | Type of Change  | Possible Alternative Drug(s)                | Affected Drug Lists                                | Comments                               |
|----------------|--------------------------------|---|---|--|--|
| 8/1/2015       | ISOPTIN SR (Use Verapamil HCl) | This drug was removed from the market.                        | verapamil hcl tbc or 120 mg, 180 mg, 240 mg | • Employer Group                                   | Contact your doctor for other options. |
| 8/1/2015       | mepivacaine hcl 3%             | Removed non-Part D eligible drug (Part B coverable)           | N/A   | • Classic  | Contact your doctor for other options. |
| 8/1/2015       | PHYSIOSOL IRRIGATION PH 7.4    | Removed non-Part D eligible drug (Expired marketing end date) | irrigation solutions, physiological         | • Cal MediConnect                                  | Contact your doctor for other options. |
| 8/1/2015       | POLY-TUSSIN DHC                | This drug was removed from the market.                        | N/A   | • Cal MediConnect                                  | Contact your doctor for other options. |
| 8/1/2015       | TEVETEN 400 MG                 | This drug was removed from the market.                        | N/A   | • Classic<br>• Jade<br>• Value<br>• Employer Group | Contact your doctor for other options. |
| 9/1/2015       | EXELON SOLN OR 2 MG/ML         | Removed non-Part D eligible drug (Expired marketing end date) | N/A   | • Classic<br>• Jade<br>• Value<br>• Employer Group | Contact your doctor for other options. |
| 9/1/2015       | lidocaine in dextrose          | Removed non-Part D eligible drug (Part B coverable)           | N/A   | • Jade   | Contact your doctor for other options. |

If you or your doctor disagrees with the change to your drug, you may request an exception. To request an exception, call us at the phone number in the table at the end of this notice. Your doctor must provide a statement to support your request. For details on asking for an exception, check the sections listed below in your Evidence of Coverage or Member Handbook.

| Plan Name   | Section              |
|---|----------------------|
| Health Net Healthy Heart (HMO), Health Net Ruby (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Ruby Select (HMO), Health Net Gold Select (HMO), Health Net Jade (HMO SNP), and Health Net Violet (PPO) | Chapter 9, section 6 |
| Health Net Amber (HMO SNP)  | Chapter 9, section 7 |
| Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)  | Chapter 9, section 6 |

If you don't agree with our decision, you may file a complaint with us. To file a complaint, call us at the phone number in the table that follows. You may also send your complaint to us in writing at the address or fax number listed for your plan.

| State                         | Plan                                  | Address, Phone and Fax Number  | Hours of Operation  |
|-------------------------------|---------------------------------------|--|---|
| <b>Arizona</b>                | All Plans                             | Health Net Appeals & Grievances<br>PO Box 279410<br>Sacramento, CA 95827-9410<br>1-800-977-7522 TTY: 711 Fax: 1-800-977-1959 | 8:00 a.m. - 8:00 p.m.,<br>Monday - Friday;<br>You can leave a voicemail on<br>weekends and federal holidays |
| <b>California</b>             | All HMO Plans                         | Health Net Appeals & Grievances<br>PO Box 10450<br>Van Nuys, CA 91410-0450<br>1-800-275-4737 TTY: 711 Fax:1-800-977-1959     |   |
|                               | All PPO Plans                         | Health Net Appeals & Grievances<br>PO Box 10450<br>Van Nuys, CA 91410-0450<br>1-800-960-4638 TTY: 711 Fax: 1-800-977-1959    |   |
|                               | Cal MediConnect<br>Los Angeles County | Health Net Appeals & Grievances<br>PO Box 10422<br>Van Nuys, CA 91410-0422<br>1-855-464-3571 TTY: 711 Fax: 1-877-713-6189    |   |
|                               | Cal MediConnect<br>San Diego County   | Health Net Appeals & Grievances<br>PO Box 10422<br>Van Nuys, CA 91410-0422<br>1-855-464-3572 TTY: 711 Fax: 1-877-713-6189    |   |
| <b>Oregon/<br/>Washington</b> | All Plans                             | Health Net Appeals & Grievances<br>PO Box 10450<br>Van Nuys, CA 91410-0450<br>1-888-445-8913 TTY: 711 Fax: 1-800-977-1959    |   |

Health Net has a contract with Medicare to offer HMO, PPO, and HMO SNP plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal. Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.