

Health Net of California

2008 OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

For UC Medicare Retirees



Health Net®
A BETTER DECISION

Health Net of California

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FREQUENTLY ASKED QUESTIONS**
for UC Medicare retirees

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Depending on where you live, you may be eligible for coverage either under Health Net's Seniority Plus HMO, Medicare COB (Coordination of Benefits) or Medicare Private-Fee-For-Service (PFFS) plan.

- **The Health Net PFFS plan is offered to retirees residing in San Luis Obispo and Imperial counties.**
- **The Health Net Medicare COB plan is offered to retirees residing in Fresno, Madera, Nevada or Ventura counties.**
- **If you live in Health Net's Seniority Plus HMO service area, then you may enroll in the Seniority Plus HMO.**

You will only be eligible either for Seniority Plus, Medicare COB or Medicare PFFS and your available option will be presented to you during Open Enrollment.

Products Offered: SENIORITY PLUS HMO

1. I'm not currently enrolled in Health Net, am I eligible to join Health Net?

You must have Medicare Part A and Part B and live in Health Net's Seniority Plus HMO service area to be eligible to join Health Net's Seniority Plus. Your Open Enrollment materials from the University of California (UC) will present your available medical plan choices for 2008.

2. I'm currently enrolled with PacifiCare Secure Horizons; will I be able to keep my Primary Care Physician or specialist?

If your Primary Care Physician (PCP) is already contracted with Health Net's Seniority Plus, you can continue to keep your doctor. The same holds true with your specialist who can be accessed through your PCP Medical Group selection.

If you do not take any action on the UC Open Enrollment website, you will automatically be defaulted into the Health Net plans. Health Net will make every effort to ensure that you retain your PCP/PPG selection for Seniority Plus and Medicare COB plans. However, it is advisable to make your PCP/PPG election on the UC Open Enrollment website to ensure that you keep your physician.

For Secure Horizons members enrolled with the UCLA Medical Group, you will be able to continue with your UCLA Medical Group PCP. UC will be sending you a letter in November instructing you to complete an enclosed Universal Medicare Enrollment Form (also referred to as the Medicare Advantage Prescription Drug Enrollment Form). Complete the form. It is important to include your Medical Group name and contracting physician. Return the form to Health Net by December 12 to enroll in Health Net's Seniority Plus HMO plan.

3. I would like to see if my provider is contracted with Health Net, how can I look it up on your website?

Go to www.healthnet.com/uc. On the left navigation bar, select "Doctor Search." Next choose the link that matches your plan type (e.g. Seniority Plus). The Doctor Search page will appear pre-loaded with Region, Plan Type and Provider Type. You simply need to enter a Zip code or physician name and click "Search". If you want to search for something other than Primary Care Physician, change the Provider Type by selecting a different option from the drop down menu. Then enter either a name or Zip code, and click "Search."

4. I currently have a PCP with another medical group and want to select a PCP from the UCLA Medical Group, why can't I locate these providers on Health Net's website?

For PacifiCare members losing their coverage in 2008, we will be allowing you to maintain your PCP with the UCLA Medical Group. For any other UC Medicare retiree, you will not be able to switch to the UCLA Medical Group during this open enrollment. The availability of the UCLA Medical Group is open only to prior PacifiCare Secure Horizon members and any UC employee currently enrolled with UCLA Medical Group and "aging" in to Medicare.

You will not see UCLA Medical Group physicians using our "Doctor Search" function on healthnet.com. The UCLA Medical Group is limited to prior PacifiCare Secure Horizon members, only.

5. Are Health Net's benefits the same as PacifiCare? If not, what are the differences?

For the most part, medical benefits are the same across all UC medical plans. There are some plan differences.

The major change affects pharmacy benefits. First, Health Net's pharmacy program has a different formulary (Health Net refers to this as the Recommended Drug List). There will be differences in tier placement for brand name medications - - they may be covered at the Tier 2 copay (on the formulary) or Tier 3 copay (non-formulary). Secondly, Health Net covers Part D high cost oral and self-administered injectables at 25% coinsurance. PacifiCare covered these Part D specialty drugs under the Drug Copay Tiers.

Please note, however, that the UC Medicare pharmacy program has a \$2000 Out-of-pocket maximum that will limit your financial exposure. As soon as you have paid out of pocket \$2000, you will no longer have any financial responsibility for Medicare Part D covered drugs. You may still be responsible for ancillary charges if you ask for a brand when a generic is available.

Products Offered: MEDICARE COB

6. I'm not currently enrolled in Health Net, am I eligible to join Health Net's Medicare COB plan?

You must be enrolled in Medicare Part A and Part B and live in the following four counties: *Fresno, Madero, Nevada and Ventura counties*. Your Open Enrollment materials from the University of California (UC) will present your available medical plan choices for 2008.

7. I'm a Medicare retiree and eligible for Health Net's Medicare COB plan. What is the Medicare COB plan and how does it differ from Health Net's Seniority Plus plan?

Under Health Net's Medicare Coordination of Benefits (COB) plan, Medicare is the primary plan for medical benefits and Health Net is the secondary plan. Claims are first submitted by your provider to Medicare for payment and then submitted to Health Net to pay the difference between the amount Medicare paid/allowed and the amount of the covered service. This is NOT a supplemental plan. Your Medicare coverage travels with you and you can obtain non-emergency services outside your PCP/PPG, however, your benefits are limited to ORIGINAL MEDICARE benefits and you will be financially responsible for any Medicare deductibles and coinsurance.

Your pharmacy benefits are provided by Health Net under a Part D Prescription Drug Plan. You will receive a separate Prescription Drug ID card and you will need to assign your Part D benefits to Health Net to be eligible.

The table below briefly describes the differences between the current Health Net Seniority Plus HMO and the Medicare COB plan options.

	Health Net Seniority Plus HMO	Health Net Medicare Coordination of Benefits (COB)
Regulatory Agency	Medicare Advantage + Prescription Drug plan regulated by CMS. Health Net is primary; requires Medicare assignment.	Medical is regulated by the Department of Managed Health Care (DMHC) – Medicare is primary; HN is secondary; Rx is Medicare Part D regulated by CMS.
Service Area	Seniority Plus network.	Offered to UC retirees in Fresno, Madera, Nevada and Ventura counties using contracted "Medicare COB - HMO" network.
Provider Network	Members must select a contracted PCP. Most PCPs belong to medical group for access to specialty care. Behavioral Health provided by MHN and select Sutter medical groups.	Members must select a contracted PCP. Most PCPs belong to medical group for access to specialty care. Behavioral Health provided by MHN and select Sutter medical groups.
Medical Management	Delegated to the medical group or handled by Health Net. Members have full access to Decision Power Nurse coaches and online tools.	Delegated to the medical group or handled by Health Net. Members have full access to Decision Power Nurse coaches and online tools.
Benefits	No change from 2007 except <i>NEW in 2008</i> : Preventive health exams and preventive inoculations at no charge; smoking cessation drugs at \$20 copay; behavioral health OV at \$15 copay; Silver & Fit (free gym membership).	Same benefits as Seniority Plus HMO including <i>New in 2008</i> benefits, except Silver & Fit (free gym membership) is <u>not</u> available in 2008.
ID Cards	Will receive one ID card for both medical and pharmacy. <i>New!</i> Caremark is new Pharmacy Claim Processor	Will receive TWO ID cards: Medical and Rx ID cards sent separately. <i>New!</i> Caremark is new Pharmacy Claim Processor

8. I'm currently enrolled with PacifiCare Secure Horizons; will I be able to keep my Primary Care Physician or specialist?

If your Primary Care Physician (PCP) is already contracted with Health Net's Medicare COB, you can continue to keep your doctor. The same holds true with your specialist who can be accessed through your PCP Medical Group selection.

9. I would like to see if my provider is contracted with Health Net, how can I look it up on your website?

Go to www.healthnet.com/uc. On the left navigation bar, select "Doctor Search." Next choose the link that matches your plan type (e.g. Medicare COB-HMO). The Doctor Search page will appear pre-loaded with Region, Plan Type and Provider Type. You simply need to enter a Zip code or physician name and click "Search". If you want to search for something other than Primary Care Physician, change the Provider Type by selecting a different option from the drop down menu. Then enter either a name or Zip code, and click "Search."

10. Are Health Net's benefits the same as PacifiCare? If not, what are the differences?

For the most part, medical benefits are the same across all UC medical plans. There are some plan differences. New in 2008 will be no copayments for preventive health exams and preventive inoculations. The copay for smoking cessation will be \$20 and the behavioral health outpatient mental health and substance abuse copay will be \$15.

The major change affects pharmacy benefits. First, Health Net's pharmacy program has a different formulary (Health Net refers to this as the Recommended Drug List). There will be differences in tier placement for brand name medications – they may be covered at the Tier 2 copay (on the formulary) or Tier 3 copay (non-formulary). Secondly, Health Net covers Part D high cost oral and self-administered injectables at 25% coinsurance. PacifiCare covered these Part D specialty drugs under the Drug Copay Tiers.

Please note, however, that the UC Medicare pharmacy program has a \$2000 Out-of-pocket maximum that will limit your financial exposure. As soon as you have paid out of pocket \$2000, you will no longer have any financial responsibility for Medicare Part D covered drugs. You may still be responsible for ancillary charges if you ask for a brand when a generic is available.

11. What happens if I have a dependent who does not live at home and lives outside of Fresno, Madera, Nevada or Ventura counties?

If you are enrolled in the Medicare COB option, your non-Medicare dependents can enroll in the Health Net HMO option. So long as they qualify as a dependent, they are eligible to enroll in any of the 42 counties that Health Net has filed for HMO coverage.

Products Offered: MEDICARE PRIVATE-FEE-FOR-SERVICE (PFFS)

12. I'm not currently enrolled in Health Net, am I eligible to join Health Net?

You must have both Medicare Part A and Part B coverage and live in San Luis Obispo or Imperial counties to be eligible to join Health Net's Private-Fee-for-Service (PFFS) plan. Your Open Enrollment materials from the University of California (UC) will present your available medical plan choices for 2008.

13. I'm a Medicare retiree and eligible for Health Net's Medicare Private-Fee-for-Service (PFFS) plan. What is the Medicare PFFS plan and how does it differ from Health Net's Seniority Plus plan?

Health Net's Private-Fee-for-Service plan is a Medicare Advantage plan with Medicare Part D prescription drug coverage. The plan allows you the freedom to obtain care from any licensed physician, specialist, hospital or service provider who accepts payment from Medicare, and are also willing to accept Health Net's terms and conditions of payment. You can go to any physician or hospital that accepts payment from Medicare, so there's no network to deal with, no need for referrals and no need to sign up with a Primary Care Physician.

Your pharmacy benefits are provided by Health Net under a Part D Prescription Drug Plan.

The table below briefly describes the differences between the current Health Net Seniority Plus HMO and the Medicare PFFS plan options.

	Health Net Seniority Plus HMO	Health Net Private-Fee-For-Service (PFFS) Prescription Drug Plan
Regulatory Agency	Medicare Advantage + Prescription Drug plan regulated by CMS. Health Net is primary; requires Medicare assignment.	Medicare Advantage + Prescription Drug plan regulated by CMS. Health Net is primary; requires Medicare assignment.
Service Area	Seniority Plus network.	Offered to UC retirees in San Luis Obispo and Imperial counties.
Provider Network	Members must select a contracted PCP. Most PCPs belong to medical group for access to specialty care. Behavioral Health provided by MHN and select Sutter medical groups.	There are no contracted providers and, therefore, no PCP selection requirement. Members can use any provider willing to accept Medicare reimbursement.
Medical Management	Delegated to the medical group or handled by Health Net. Members have full access to Decision Power Nurse coaches and online tools.	No prior authorization or pre-certification requirements. Members have full access to Decision Power Nurse coaches and online tools.
Benefits	No change from 2007 except <i>NEW in 2008</i> : Preventive health exams and preventive inoculations at no charge; smoking cessation drugs at \$20; behavioral health OV at \$15 copay;	Same benefits as Seniority Plus HMO including <i>New in 2008</i> benefits, except Urgent Care copay exception does not apply.

	Silver & Fit (free gym membership).	
ID Cards	Will receive one ID card for both medical and pharmacy. <i>New!</i> Caremark is new Pharmacy Claim Processor	Will receive one ID card for both medical and pharmacy. <i>New!</i> Caremark is new Pharmacy Claim Processor

14. I'm currently enrolled with PacifiCare Secure Horizons, will I be able to keep my Primary Care Physician or specialist?

The Health Net PFFS plan does not have a contracted network of physician. You can go to any physician, specialist or provider who is willing to accept Medicare reimbursement, and also accept Health Net's terms and conditions. Your physician can serve as your primary care doctor but there is no requirement that you have a primary care physician. Check with your physician or specialist and inquire if they're willing to accept Medicare payment.

If your doctor would like more information about the Health Net PFFS plan, please have them call Health Net Provider Relations for the PFFS plan at (800) 977-8221.

15. I would like to see if my provider is contracted with Health Net, how can I look it up on your website?

This plan does not have a network of contracted physicians. Therefore, you will not be able to locate any physicians online. You can go to any physician, specialist or provider who is willing to accept Medicare reimbursement, and also accept Health Net's terms and conditions. We recommend that you contact your doctor ahead of time to make sure that they will accept Health Net's terms and conditions and Medicare payment.

16. Are the Health Net's benefits the same as PacifiCare? If not, what are the differences?

For the most part, medical benefits are the same across all UC medical plans. There are some plan differences.

The major change affects pharmacy benefits. First, Health Net's pharmacy program has a different formulary (Health Net refers to this as the Recommended Drug List). There will be differences in tier placement for brand name medications – they may be covered at the Tier 2 copay (on the formulary) or Tier 3 copay (non-formulary). Secondly, Health Net covers Part D high cost oral and self-administered injectables at 25% coinsurance. PacifiCare covered these Part D specialty drugs under the Drug Copay Tiers.

Please note, however, that the UC Medicare pharmacy program has a \$2000 Out-of-pocket maximum that will limit your financial exposure. As soon as you have paid out of pocket \$2000, you will no longer have any financial responsibility for Medicare Part D covered drugs. You may still be responsible for ancillary charges if you ask for a brand when a generic is available.

17. How do members receive emergency care in the PFFS plan?

Members have the right to get emergency care, when and where they need it, without any prior approval from the PFFS plan.

18. Can providers refuse to provide services to a Health Net PFFS member?

Yes, providers can refuse to provide services. If the provider does not want to participate in the Health Net PFFS plan, then you must seek care from another provider who is willing to accept the terms and conditions of Health Net's PFFS plan.

If a provider advises a member that they will not accept PFFS, Health Net has developed an escalation process for provider education. You can call the UC Customer Contact Center at 1-800-539-4072. The Customer Contact representative will attempt to reach out to the provider and explain the PFFS plan and try to get the provider to accept. If the Customer Contact Center is unsuccessful, a PFFS Provider Relations representative may contact the provider either by phone or visit the provider.

19. What happens if I have a non-Medicare dependent who lives outside of San Luis Obispo or Imperial counties?

If you are enrolled in the Medicare PFFS option, your non-Medicare dependents can enroll in the Health Net EPO option in San Luis Obispo or Imperial counties. You will not be able to cover a dependent who lives outside San Luis Obispo or Imperial counties.

TRANSITION OF CARE

20. What is transition of care?

In California, the Knox-Keene Act requires that managed care plans provide members with the right, under certain circumstances, to continue receiving medical services from their non-contracted physician or hospital. This California law protects your right to keep your non-contracted doctor after December 31 for covered services for six specific conditions.

21. Who is eligible for Transition of Care assistance?

A new member who joins Health Net's plan and is undergoing treatment for a specified medical condition or has an established condition and is receiving care from a non-contracted provider.

Outside open enrollment, existing members who are undergoing treatment whose provider group or physician terminates from the Health Net network are entitled to transition of care.

22. What six specific medical conditions are considered for Transition of Care assistance?

1. Pregnancy and immediate post-partum period
2. Care of a child between birth and age 36 months (up to 12 months from the effective date with Health Net)
3. Planned surgery (within 180 days of the effective date with Health Net)
4. Terminal illness
5. Serious chronic condition (up to 12 months from the effective date with Health Net)
6. Acute condition

Your non-contracted doctor must be willing to accept Health Net terms and rates, and this transitional care will be paid by Health Net for the periods described above. These are called your "Knox-Keene" rights.

23. How do I request Transition of Care Assistance?

Members should call Health Net's Customer Contact Center at **1-800-539-4072** to request Transition of Care Assistance. We recommend that you make an appointment with your doctor and discuss your transition. Your doctor must be willing to accept Health Net's terms and rates. Our Customer Contact representative will send you a Transition of Care form. Complete page 1 of the form and, if you have an opportunity, have your doctor complete page 2 (although this is not required to initiate the Transition process). Fax the form to Health Net as soon as possible and, depending on the completeness of the information (from both you and your physician) and updated eligibility information, we should be able to make a decision within 8 business days.

24. How long does the Transition of Care period last?

Based upon the medical condition and as prescribed by the Knox-Keene act, transitional coverage is provided as outlined above in response to Question 22.

25. What is the process of appeal for denials?

You have the right to appeal under the appeals & grievance process by contacting UC's dedicated Member Services line at **1-800-539-4072**. You can also send us a **secure** email by registering online from the UC custom website at www.healthnet.com/uc. In the upper left hand corner, register online by selecting an easy to remember username and password. Once you've registered, you will have access to a wealth of online tools, including medical, wellness information and self-help tools. You can then send us a secure email by clicking on "more" under "Get Things Done" and on the right navigation bar; you will see a heading to "Contact Us." You may also fax a letter of appeal to Health Net's Appeals and Grievance department at (818) 676-6802 or by mailing to P.O. Box 10348, Van Nuys, CA 91410-0348.

PHARMACY

26. Where can I find Health Net's formulary?

An alphabetical listing of covered medications (Health Net's formulary) can be found in the Recommended Drug List, located at www.healthnet.com/uc under "Exclusively for New Members". The generic names of the medication are noted in lower case while the common brand names are noted in UPPER CASE. Medications that are noted with an asterisk "*" are available as a generic. The medications are also listed by therapeutic categories to enable you to identify medications for a particular treatment category. Comments are included when a drug has quantity limits or certain dosage forms are not covered. If a medication is noted with a "PA" which means prior authorization, it will be covered only under specific conditions. Your physician will need to contact Health Net to make this request for coverage.

27. How is Health Net's formulary different from PacifiCare's formulary?

For the most part, the Health Net and PacifiCare formulary are very similar. There are some differences in tier placement for brand name medications. Please refer to the New Member How To

Guide posted on website (www.healthnet.com/uc under “Exclusively for New Members”) or contact our Customer Contact Center for assistance.

As part of the 2008 transition, prior PacifiCare members can continue most maintenance medication drugs at the PacifiCare copayment tier through April 30, 2008. Beginning May 1, 2008, members will use the Health Net formulary. The New Member How To Guide provides you with a list of preferred alternatives - - talk to your doctor about using a medication on a lower tier with a lower copayment.

28. Besides the formulary differences, are there any other major changes to my pharmacy benefits?

Yes, the biggest change Medicare members will see will be the benefit for self-administered, self-injectable medications. Under PacifiCare, self-injectable medications were payable at the copay tiers. For Health Net, self-injectables under Medicare Part D are covered at a 25% coinsurance.

The UC Medicare pharmacy benefit still offers a \$2000 pharmacy Out-of-Pocket Maximum. As soon as you have paid out of pocket \$2000, you will no longer have any financial responsibility for Medicare Part D covered drug. You may still be responsible for ancillary charges if you ask for a brand when a generic is available.

Also you may notice that your ID card now has Caremark as our pharmacy claims processor. This is a change and it will be important that you present your new ID card to the retail pharmacy beginning in January 1, 2008 so that they are aware of this important change.

29. How do I get prescriptions filled through the mail order pharmacy?

As a UC member, you can get a 90-day supply of maintenance medication filled at either a UC Medical Center pharmacy or through Express Scripts. Simply ask your physician for a prescription of up to a 90-day supply of maintenance medication and either mail your original prescription and Health Net mail order form to Express Scripts or present your original prescription to one of the UC-designated Medical Center pharmacies. At the UC Medical Center Pharmacies, you will be charged the applicable copayments at the pharmacy to obtain your 90-day supply. No postage necessary and no waiting for delivery.

Participating UC Medical Center Pharmacies:

- UC Davis Medical Center Pharmacy and Medical Partners of Davis Pharmacy
- UCI Medical Center Specialty Pharmacy and UCI Family Health Center Pharmacy
- UCLA Pharmacy – Medical Plaza and Outpatient Pharmacy
- UCSD Medical Center Pharmacy and UCSD Medical Group Pharmacy
- UCSD Ambulatory Care Clinic, UCSD Moores Cancer Center, and Edith & William Perlman Ambulatory Care Pharmacies

If you have any questions, contact Health Net’s UC Customer Contact dedicated line at **1-800-539-4072**. You can obtain a copy of the Health Net mail order form online at www.healthnet.com/uc and click on Order Materials – Pharmacy Forms. Be sure to select the “Health Net Seniority Plus and Options Plus Prescription Drug Mail Order Program” form. Send your completed forms, original prescription, and applicable co-payments to Express Scripts at the address located on the form. Expect to receive your medications within 14 days of mailing your prescription.

30. Will I need to get a new 90-day prescription if I am transitioning from PacifiCare?

Health Net will be transferring your PacifiCare mail order prescriptions to Express Scripts that have refills, are less than 1 year old and are not controlled substance medications (for example, Vicodin, Codeine containing medications).

To obtain an **existing** refill, you must complete the “Health Net Seniority Plus and Options Plus Prescription Drug Mail Order” form and mail it to Express Scripts to establish your account. Complete the Express Scripts mail order form and send the re-order slip from PacifiCare (or a letter requesting a refill with the PacifiCare prescription number, your name, address and Health Net ID number). Expect to receive your medications within 14 days of mailing your prescription.

31. Am I covered for brand name drugs even if a generic equivalent is available?

You are covered for brand name drugs even if a generic equivalent is available. However, if you prefer to take the brand name instead of the generic, you will be responsible for the generic copayment plus the difference in cost between the brand and generic medication. If your physician feels that it is medically necessary that you take the brand name drug and cannot take the generic, he or she may write “Dispense as Written” (DAW) on the prescription. If your physician writes DAW on your prescription, you will only be responsible for the brand name copayment under your plan.

32. Can I get reimbursed for drugs I got from a pharmacy not in the network?

Yes, you may receive reimbursement for medications dispensed from a non-participating pharmacy for urgent or emergent needs. Health Net reimbursement amounts are lower for drugs dispensed by non-participating pharmacies.

33. If I am going to be out of town for an extended time, how do I get an extra supply of drugs to cover me through that period?

Prior to leaving, you may contact Health Net to obtain a "vacation override." This one-time per year exception will allow you to receive one additional month of your medication. For supplies greater than one month, you can use your mail order benefits through either Express Scripts or through one of the UC-designated Walk-up Medical Center Pharmacies. Please be aware that Express Scripts will only ship your medication within the continental United States. Contact Health Net’s Customer Contact Center at **1-800-539-4072** to request a travel kit. Travel kits include a member claim form to submit to Health Net. You may request reimbursement, as well as information that tells you what to do if an emergency situation arises. Member Claim forms will be available online at: www.healthnet.com/uc under Order Materials located on the left navigation bar.

34. What are examples of situations in which prior authorization is required?

Step-care protocols may apply to certain medications. Step-care is defined as a course of treatment that may be required as the first line of treatment before an alternate drug is approved by the Health Net Pharmacy Department. If step-care protocols apply, prerequisite medications must be tried before a step-therapy medication will be covered. Also, certain drugs may be subject to quantity level limits based on drug manufacturer's packaging size or clinical guidelines.

35. What are the steps for Prior Authorization (PA) review?

When a medication is noted on the Recommended Drug List as Prior Authorization Required, your doctor must contact Health Net to provide information on the medical reasons for prescribing this medication. Upon receiving the necessary information, Health Net will assess this information based on established clinical criteria for the particular product. If the clinical criteria are met, an authorization will be issued for the medication.

36. What are my options if my doctor's request for a prior authorization drug is denied by Health Net?

You are entitled to appeal this decision. For information concerning your right to an appeal, please refer to the **Appeals and Grievances** section of this FAQ.

37. Are self-injectables covered under my plan and if so how do I obtain them?

Self-injectable medications are a covered benefit under your Health Net Medicare Part D pharmacy benefits. Members can obtain our specialty pharmacy to fill the prescription or can obtain their prescription at a local pharmacy after Health Net has provided prior authorization for the medication. Your doctor will call or fax a request to Health Net. Once approved by Health Net, someone from Health Net's contracted pharmacy will call you to arrange for delivery and collect and copayment. If you need assistance in obtaining a self-injectable, call Health Net's Customer Contact Center for UC members at **1-800-539-4072** and we will be happy to make those arrangements for you.

CUSTOMER CONTACT

38. How and when can I contact the health plan?

Health Net's Customer Contact Center for UC members can be reached at **1-800-539-4072**. Customer representatives are available between 8:00 a.m. and 6:00 p.m. Pacific Time, 7 days a week. On the weekends or after hours, you may get a message to leave us a message.

You can also send us a **secure** email by registering online from the UC custom website at www.healthnet.com/uc. In the upper left hand corner, register online by selecting an easy to remember username and password. Once you've registered, you will have access to a wealth of online tools, including medical, wellness information and self-help tools. You can then send us a secure email by clicking on "more" under "Get Things Done" and on the right navigation bar, you will see a heading to "Contact Us."

39. What are your Customer Contact Center hours?

8:00 a.m. – 8:00 p.m. Pacific Time, 7 days a week. On the weekends or after hours, you may get a message to leave us a message.

40. How do I get a provider directory?

A current listing of providers can be found under Doctor Search located on UC's custom website at www.healthnet.com/uc. Printed directories are also available upon request by calling Health Net's

UC Customer Contact Center at **1-800-539-4072**, however the web site provides the most current information available.

There is no provider directory available for the Medicare PFFS plan.

41. How do I order additional ID cards?

You can print a temporary ID card and request a replacement ID card online from the Health Net website. Register and log on as a member. You will be able to print a temporary ID card under the “Get Things Done” section of your personalized member page. Or, you may contact Health Net’s Customer Contact Center at **1-800-539-4072**.

42. Do I need to carry my ID card with me at all times?

It is best to carry your ID card at all times, if possible, in case an emergency arises. Also, new ID cards will be issued on January 1, 2008. Be sure to present your new ID card to both your provider AND your pharmacy so that they can update their records.

Also you may notice that your ID card now has Caremark as our pharmacy claims processor. This is a change from our current vendor, Argus. It will be important that you present your new ID card to the retail pharmacy beginning in January 1, 2008 so that they are aware of this important change.

43. How do I know that my information will be kept confidential?

Under Federal Law, Health Net cannot share personal health information with the University of California. The information shared with UC will be aggregate information only and will not disclose the identity of individual members. The information exchanged between Health Net and its participating providers and vendors is limited to providing care and benefits. Your information is stored and protected in a secure database, and information is sent through secure connections, which encrypts all communications.

APPEALS & GRIEVANCES

44. What is the procedure for lodging a complaint against a provider?

Complaints are received via mail, telephone, fax or email and are investigated by and reported to our Quality Improvement department for corrective action. If appropriate, our Credentialing department is also notified for review during contract renewal time.

45. How do I appeal a certification or authorization denial?

Depending on the medical and/or pharmacy benefit being contested, your appeal rights and process are outlined in your Evidence of Coverage booklet that can be accessed at the www.atyourservice.ucop.edu website. You may contact Health Net’s UC Customer Contact Center at **1-800-539-4072** with assistance in submitting an appeal.

46. How do I appeal a claim payment or denial?

Depending on the medical and/or pharmacy benefit being contested, your appeal rights and process are outlined in your Evidence of Coverage booklet that can be accessed at the www.atyourservice.ucop.edu website. You may contact Health Net's UC Customer Contact Center at **1-800-539-4072** with assistance in submitting an appeal.

47. What if waiting for you to decide on my appeal would harm my health?

Health Net makes every effort to process the member's grievances as quickly as possible. In some cases, members have the right to an expedited review when a delay in the decision-making might pose an imminent and serious threat to the member's health, including but not limited to potential loss of life, limb or major bodily function. In order to expedite your grievance, you may contact Health Net's UC Customer Contact Center at **1-800-539-4072**. Health Net will evaluate your request and the member's medical condition to determine if the member's request qualifies for an expedited review. If so, the request will be processed within the 72 hours. If not, the member's grievance will be processed within the standard 30-day time frame.

48. My Explanation of Benefits says I received services that I did not have. What should I do?

You may contact Health Net's UC Customer Contact Center at **1-800-539-4072** or send us a **secure** email by registering online from the UC custom website at www.healthnet.com/uc. In the upper left hand corner, register online by selecting an easy to remember username and password. Once you've registered, you will have access to a wealth of online tools, including medical, wellness information and self-help tools. You can then send us a secure email by clicking on "more" under "Get Things Done" and on the right navigation bar; you will see a heading to "Contact Us." You may also fax your inquiry to: (818) 676-6802 or mail it to P.O. Box 10348, Van Nuys, CA 91410-0348. We will then contact our Program Integrity department for further investigation.

