

# MEMBER HANDBOOK

*Health Net SELECT<sup>SM</sup> POS 2-Tier  
for Raytheon members*



**Health Net<sup>®</sup>**  
A BETTER DECISION

## **A PRACTICAL GUIDE TO YOUR PLAN**

This member handbook contains the key benefit information for Raytheon employees. Refer to your Evidence of Coverage booklet for a complete description of what's covered. If the information in this handbook differs from the information in your Evidence of Coverage, the Evidence of Coverage applies.

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# Health Net SELECT POS 2-Tier plan overview

Your Point-Of-Service (POS) 2-Tier plan gives you two options of benefit levels. In-network benefits give you the lowest out-of-pocket costs and the highest level of coverage. Out-of-network benefits allow you to see any doctor or specialist without a referral, but your costs will be higher with this option. The chart below outlines these differences so that you can know what to expect when you choose in-network or out-of-network care.

	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit levels</b>	Highest benefits.	Lower benefits.
	Lower out-of-pocket costs.	Higher out-of-pocket costs.
	Your Primary Care Physician (PCP) coordinates all your care.	Option to go to any licensed physician.
<b>Preventive care</b>	Full preventive care, including vision and hearing exams.	Certain preventive care exams for adults and children are covered.
<b>Out-of-pocket costs</b>	No annual deductible.	Annual deductible. Higher coinsurance for all services. Your coinsurance (the percentage of charges you are responsible for) is higher than under the in-network tier. Health Net pays for covered out-of-network services based on the Maximum Allowable Amount. See the definition section of your Evidence of Coverage for details. You will be responsible for the amount charged in excess of the Maximum Allowable Amount, in addition to the coinsurance.

	IN-NETWORK	OUT-OF-NETWORK
<b>Claim forms</b>	No need to submit claim forms.	In most cases, you will need to pay in full and submit a claim for reimbursement (some providers may submit your claim to Health Net and bill you for any uncovered charges). Submit your claim along with the provider's bill to the dedicated Raytheon claims unit: Health Net SELECT Health Plan Operations Raytheon Claims Unit PO Box 14702 Lexington, KY 40512  Claim forms may be obtained by calling Health Net at 1-800-628-2695 or downloaded from the Internet: <a href="http://www.healthnet.com/raytheon">www.healthnet.com/raytheon</a> (under Quick Links).
<b>To make an appointment</b>	Call your PCP or physician group. Identify yourself as a Health Net SELECT POS member using your in-network benefit tier.	Call any licensed provider. Identify yourself as a Health Net SELECT POS member using your out-of-network benefit tier.
<b>Planned hospital stays and surgery</b>	All aspects are coordinated by your PCP or physician group.	Requires certification by calling the Treatment Review Program. If you do not obtain certification, your benefits will be significantly reduced.

# How to use your plan

**If you choose to use your in-network benefits, start with your Health Net participating physician group and primary care physician.** When you enrolled, you and family members selected a physician group to care for your health needs. You also chose a primary care physician who can treat you for many conditions and coordinate your care. He or she can perform preventive services and refer you to specialists. Each family member can choose his or her own primary care physician. Here's what to do:

- make an appointment to see your primary care physician;
- explain that you are a Health Net member;
- give your subscriber ID number (on your member ID card); then
- tell the office about your health need or concern.

**TO COUNT UNDER YOUR IN-NETWORK BENEFITS, CARE YOU RECEIVE MUST BE "MEDICALLY NECESSARY" AND DONE BY OR APPROVED BY YOUR PRIMARY CARE PHYSICIAN.**

All covered services and supplies are in your Evidence of Coverage. The plan does not cover any medical treatments you receive before this plan's coverage begins or after it ends.

**If you choose to use your out-of-network benefits, call and make an appointment with any licensed physician.** Tell the doctor that you are using your Health Net out-of-network benefit. Under this level, you first need to meet your annual deductible, and then you are responsible for a percentage of charges.

Under the out-of-network care level, you need to call to get certification through the Treatment Review program when you need:

- Hospitalization.
- To attend a mental health, rehab or skilled nursing facility.
- Specific outpatient diagnostic procedures such as an MRI.
- Outpatient surgery using anesthesiology.
- Maternity care/pregnancy notification.
- Air ambulance services.
- Transplant services.
- Durable medical equipment.
- Home health services.
- Hospice care.
- Surgery to correct jaw and facial bone misalignment.
- Prosthetics.

The **Treatment Review** program provides an outside check of certain medical needs to make sure treatment is necessary and the place and type of treatment is right. You are responsible for calling Treatment Review to get certification. Call **1-800-977-7282** at least five working days before non-emergency treatment. Calls after hours and on weekends are logged by an answering machine. If it's an emergency, you don't need certification.

For full coverage under out-of-network level benefits, you need certification. You should know that if you don't call, your benefit reimbursement could be reduced. And an additional deductible could be charged for inpatient care. Make sure to call for review before care or treatment is performed. Please refer to your Health Net SELECT POS 2-Tier plan documents and Evidence of Coverage for full details.

## ALWAYS CARRY YOUR HEALTH NET ID CARD

Your Health Net ID card is your passport to all of your care as a Health Net member. You need your card when you get medical or hospital care. Each family member should have received his or her own Health Net ID card.

- Your ID card also contains Health Net's toll-free Customer Contact Center phone number for Raytheon members, 1-800-628-2695. Call if you have any questions about your plan or benefits.
- If you change your primary care physician or participating physician group, we'll send you a new card in the mail.
- If you lose or misplace your ID card, call the Customer Contact Center at 1-800-628-2695 or log on to [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon) to order a new one.

## How to see a specialist using your in-network benefits

Call your primary care physician; he or she can request a referral for you.

- Your doctor will request a referral to a specialist from the doctor's physician group. The physician group will review the request and sometimes seek input from Health Net on medical appropriateness. This is to protect the quality of care you receive.
- If your doctor's request is approved, you will receive an approval letter by mail and often a phone approval as well.
- Once you have received approval, contact the specialist to confirm he or she has also received notification, and to schedule an appointment.
- When you visit the specialist, take your written referral authorization.

- Before you go back to see the specialist, make sure your doctor or physician group has authorized the return visit.

Your doctor, physician group or Health Net may authorize a “standing referral” for more than one visit. This type of referral is made for conditions that require continuing care. Your doctor, physician group or Health Net may approve a “prolonged standing referral” for a longer period of time if you have a life-threatening or disabling condition. That means:

- You don’t need separate referrals for each specialist visit.
- Your doctor or physician group may send in a treatment plan for Health Net to review.

## Seeing a specialist without a referral

You may be able to go directly to a specialist within your primary care physician’s physician group without having to see your doctor first. This service is called “Rapid Access.” Physician groups that offer this service are listed in the Directory of Participating Physician Groups. You may still have to pay a copayment when using this service. Information about your physician group’s referral policy is available online. Log on to [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon).

## WHAT HAPPENS IF YOUR PRIMARY CARE PHYSICIAN RECOMMENDS SURGERY OR HOSPITALIZATION

Your primary care physician will tell you the specialists and facilities you need to use. You may still have to pay copayments and/or coinsurance.

## Transferring physician groups

Your primary care physician is part of the Health Net SELECT POS network of physicians and providers. Within this network, each family member can choose his or her own primary care physician. You can change primary care physicians within your current physician group, or select a primary care physician affiliated with a different Health Net SELECT POS physician group, on a monthly basis. The effective date of your physician transfer request varies depending on the date of your call and when you last had services with your current physician group.

To change your primary care physician, log on to [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon) or call the Customer Contact Center at 1-800-628-2695.

You will receive your new ID card with your new primary care physician information within 10 days.

You may change your primary care physician:

- Once a month for any reason by contacting Health Net.
- During Raytheon's annual enrollment period.
- When you move to a new address (also notify the Raytheon Benefit Center at 1-800-358-1231 or <https://raytheon.benefitcenter.com>).

You may change your participating physician group:

- Once a month for any reason by contacting Health Net. The exception is if you or a covered family member is confined to a hospital on the day the effective date of transfer is scheduled to occur.

## ENROLLING NEW FAMILY MEMBERS

To enroll new family members due to a qualified change in status, call the Raytheon Benefits Center at 1-800-358-1231 or go online to Desktop Benefits at <https://raytheon.benefitcenter.com>. The Raytheon Benefits Center will send the request to Health Net according to current procedures.

- In the event of the birth or adoption of a child, you must call within 31 days to enroll your child for coverage. For other eligible dependents, coverage will become effective as of the date you make your change, or on the date of the qualified change, whichever is later.
- You can enroll new members of your family during the coverage year. Contact the Raytheon Benefit Center at 1-800-358-1231.

## Prescription drug benefit program

Your pharmacy benefits are covered through CVS Caremark. You will receive all information regarding your prescription benefits and how to access them directly from CVS Caremark.

## Emergency care

*In an emergency, get immediate help.*

- If you feel your medical condition is dangerous or life threatening – call 911.
- If you become unconscious or the nature of your illness or accident is severe and you cannot call your physician before getting emergency care – **have someone contact your primary care physician or physician group within 48 hours of receiving care.**

An emergency is a sudden, serious and unexpected illness, injury or condition (including severe pain and active labor) that a reasonable person would believe requires immediate attention. Note: In-network emergency care is covered by your Select POS 2-Tier plan.

## FILE YOUR CLAIM FOR OUT-OF-NETWORK EMERGENCY CARE PROMPTLY

In an emergency situation, Health Net will cover care received from any licensed provider or treatment center anywhere in the world. If you receive emergency care from a health care professional not participating with Health Net or one outside the Health Net service area, you may have to pay for your treatment at the time care is provided, then you will submit a claim form to Health Net for reimbursement.

- Claim forms can be obtained by calling the Customer Contact Center at 1-800-628-2695 or by downloading it from the Health Net website. Log on at [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon) under *Manage My Account*.
- Claims must be filed within 90 days from the date of service so that they can be processed in a timely manner.
- Keep all receipts and records of treatment. To be reimbursed, you will need to verify services you received and out-of-pocket costs.

Send your completed claim form and an itemized statement of charges, including diagnosis, date and type of service to:

Health Net Commercial Health Plan Operations  
PO Box 14702  
Lexington, KY 40512  
Attention: Raytheon Claims Unit

## Urgent care

Urgent care is for medical conditions that require treatment but are not considered immediately life threatening. These may include situations such as a flare-up of a chronic condition like asthma, severe nausea and vomiting; an extremely high fever; or a sprained ankle.

Some participating physician groups offer an urgent care facility for their members. Check with your doctor to see if this applies to you. If you believe you need urgent care, call your doctor or physician group. There will be someone on call at all hours to respond to you. Follow their instructions to receive care.

## Continuing/follow-up care

**If you are initially treated at an urgent care center or the emergency room, your primary care physician must provide or coordinate any continuing or follow-up care for your condition.** Check back in with your primary care physician and physician group after being initially treated at an urgent care location.

### BE AWARE THAT...

- If you become unconscious or the nature of your illness or accident is catastrophic, you may not be able to call your physician before getting emergency care. However, please contact, or have someone contact your primary care physician or physician group as soon as possible.
- If you receive treatment by a hospital or doctor not affiliated with Health Net, you or a family member needs to contact your primary care physician or participating physician group as soon as possible.
- When you receive emergency or urgent care treatment from a health care professional not affiliated with Health Net or one outside the Health Net service area, you may have to pay for your treatment. You may be required to submit a claim form to Health Net for reimbursement.

## Other covered services

Additional plan benefits Raytheon members receive as part of their plan include:

- **Behavioral Health Program (mental health and substance abuse care)** – Health Net contracts with Managed Health Network (MHN) to provide mental health and substance abuse care services through a personalized, confidential and affordable care program. For more information about your behavioral health benefit, call MHN at the number listed on your ID card or visit [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon), then click on the MHN link at the bottom of the page.
  - Health Net’s behavioral health program works along with your company’s Employee Assistance Program (EAP). Get a referral to a network provider either from the behavioral health program or with the help of your EAP counselor.
- **Chiropractic and Acupuncture Care Program** – You can obtain care without a referral from a participating chiropractor or acupuncturist listed in the Health Net chiropractor and acupuncturist directories.
  - Chiropractic and acupuncture treatments are covered with a \$15 copayment per visit. Your treatment is covered only if your chiropractor or acupuncturist is affiliated with the American Specialty Health Plan (ASH) network.
  - To find a chiropractor and acupuncturist, visit [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon) or call the Customer Contact Center.

# Health education, wellness programs and online advantages

Health Net brings together trusted sources of health and medical information to make it easier for you to stay healthy, balance the demands of life, and manage emotional or financial challenges. You have access to powerful and easy-to-use resources within our member website.

Register for access to [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon), or log on to utilize all of the tools and programs our award-winning website has to offer.

## ONLINE WELLNESS TOOLS

- **Decision Power®** is designed to help you make informed decisions should you face surgery, a chronic illness, or another significant medical event. It includes 24/7 access to specially trained Health Coaches (nurses, dietitians and respiratory therapists). There are also video testimonials and other tools available so you can track and monitor your condition over time. Call 1-800-893-5597 or visit [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon).
- **Free wellness programs** available on weight management, smoking cessation, pregnancy, preventive care and nutrition.
- Online **Health Risk Questionnaire (HRQ)** for identifying possible health risks, such as heart disease and diabetes. Receive a personalized health profile to share with your doctor.
- Build a **Personal Health Record (PHR)** by entering your medical and prescription drug history. Also choose to have your claim data added – now you'll have a complete medical snapshot whenever you need it.

- **Condition Centers** provide reliable information and news on the diagnosis, treatment and prevention of common health problems. Those centers include self-help programs for overall health, insomnia, stress and more.
- **Treatment Cost Estimator** gives you location-specific cost estimates for common health care services such as diagnostic tests and inpatient or outpatient procedures and treatments.
- **Discounts** on massage therapy, and other health-related items such as fitness club memberships, vitamins, eyewear, fitness apparel, weight management programs and more.

## ONLINE BUSINESS TOOLS

Get things done quickly and easily by using our secure website to take care of the following tasks:

- View eligibility and plan information.
- Order replacement ID card(s).
- Print temporary ID cards(s).
- Update your email address.
- Send a secure email to our Customer Contact Center.

## Continuation of benefits

*If your group (employer) plan coverage is terminated, find out if you have “continuation of benefits.”* Review your Evidence of Coverage for the details. You could be eligible for:

- **Extension of benefits:** If you are totally disabled, you may be eligible to retain coverage. It would be limited to treating your disability.
- **COBRA or Cal-COBRA continuation:** Health Net provides continuation of coverage for COBRA eligibles. COBRA information is available from your employer. Please refer to your Evidence of Coverage for full details and exemptions.

- **Individual coverage:** Health Net offers individual coverage plans if you meet specific requirements. For more information, call Individual & Family Plans toll-free at 1-800-909-3447.
- **Conversion coverage:** This coverage is available as required by California law.

**If you or an eligible family member happens to be in the hospital or a skilled nursing facility on your first day of coverage,** you're covered as long as you agree to transition care to the Health Net physician group you have chosen.

## Confidentiality

*Personal information in your medical records is private.* Health Net has a Notice of Privacy Practices that describes how it uses and discloses protected health information; your rights to access and to request amendments, restrictions and an accounting of disclosures of protected health information; and the procedures for filing complaints. You may obtain a copy of Health Net's Notice of Privacy Practices by logging on to [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon) > *Privacy* > *Notice of Privacy Practices* or through the dedicated Customer Contact Center for Raytheon members at 1-800-628-2695.

## Physician and provider compensation

Health Net does not encourage or offer financial incentives to doctors to deny any type of member care or treatment. Doctors who fail to provide the appropriate services to Health Net members will be investigated and may have their Health Net contracts terminated.

*Health Net makes treatment decisions about your care based on medical necessity and appropriateness. Cost is not considered when determining which treatment type is best for you.*

Sometimes your primary care physician will ask Health Net's medical directors to help ensure a member like you receives quality care and services. As part of the process, we may conduct evaluations to check treatment plan necessity and efficiency. These reviews help make sure you get the right care at the right time and place.

## Your rights and responsibilities

Health Net is committed to treating members in a manner that respects their rights, recognizes their specific needs, and maintains a mutually respectful relationship. In order to communicate this commitment, Health Net has adopted these members' rights and responsibilities. These rights and responsibilities apply to members' relationships with Health Net, its contracting practitioners and providers, and all other health care professionals providing care to its members.

### **MEMBERS HAVE A RIGHT TO:**

- Receive information about Health Net, its services, its practitioners and providers, and members' rights and responsibilities.
- Be treated with respect and recognition of their dignity and right to privacy.
- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or the care it provides.
- Request a second opinion by a physician of your choice within the Health Net contracted physician network; contact the dedicated Customer Contact Center for Raytheon members at 1-800-628-2695.
- Make recommendations regarding Health Net's member rights and responsibilities policies.

## MEMBERS HAVE THE RESPONSIBILITY TO:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that they have agreed on with their practitioners.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- Contact your physician or Health Net with any questions or concerns about your health benefits or health care services.

### MAKE AN ADVANCE HEALTH CARE DIRECTIVE

An advance health care directive is a document in which you give instructions about your health care if in the future you cannot speak for yourself. You can give someone your name (your "agent" or "proxy") the power to make health care decisions for you. You can also give instructions about the kind of health care you do or do not want.

In a traditional Living Will, you state your wishes about life-sustaining medical treatments if you are terminally ill. In a Durable Power of Attorney for Health Care, you appoint someone else to make medical treatment decisions for you if you cannot make them for yourself. In California, the Advance Health Care Directive has replaced both the Natural Death Act Declaration for a Living Will and the Durable Power of Attorney for Health Care for appointing a health care agent. It permits you not only to appoint an agent, but also to give instructions about your own health care. Every person's circumstances are different. Also, laws vary from state to state, particularly about the formalities for completion, such as witnesses and notaries. Ask your physician, nurse or social worker to get more information for you on this subject.

# Grievances and appeals

If you are not satisfied with efforts to solve a problem with Health Net or your physician group, you may file a grievance or appeal. To file a grievance or appeal, you have several options:

- You may call our dedicated Customer Contact Center number for Raytheon members at 1-800-628-2695.
- You may fax or mail your grievance or appeal to Health Net.
- You may log on to [www.healthnet.com/raytheon](http://www.healthnet.com/raytheon) to download a Member Grievance Form or submit a grievance or appeal online.

For urgent grievances, Health Net will notify you immediately of the right to contact the Department of Managed Health Care. You do not need to participate in Health Net's grievance or appeals process before requesting Independent Medical Review (IMR) for denials based on the Investigational or Experimental nature of the therapy. In such cases, you may contact the Department of Managed Health Care immediately to request an IMR of the denial. To mail or fax your grievance or appeal to Health Net, please use the address listed below:

Health Net  
PO Box 10348  
Van Nuys, CA 91410-0348  
Attention: Appeals and Grievance Department

Fax number (818) 676-7200

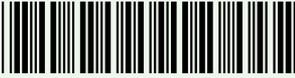
For a full explanation of the complete process and all your rights to file a grievance or appeal, please read your Evidence of Coverage booklet.



## IMPORTANT REMINDERS

- Your medical records are subject to stringent privacy safeguards put in place by the state and federal governments. Health Net works with these agencies to assure the privacy of your medical records.
- Health Net reviews new technologies, including experimental treatments, for effectiveness prior to being approved for coverage.
- All of Health Net's reviews are based on medical necessity and appropriateness, not cost.
- As a Health Net member, you have certain rights and responsibilities related to your medical care. This includes the right to create an "Advance Health Care Directive" to direct your care in case you are not able to communicate your wishes through speech or writing.
- Health Net is committed to resolving any dispute you may have with your doctor or the plan to the best of our ability. We have a grievance and appeal system in place to protect your rights as a Health Net member.





For more information please contact:

**Customer Contact Center for Raytheon Members:**

1-800-628-2695

Monday through Friday, 8:00 a.m. to 6:00 p.m., PST

Other language service phone numbers:

1-877-891-9050 (Cantonese)

1-877-339-8596 (Korean)

1-877-891-9053 (Mandarin)

1-800-331-1777 (Spanish)

1-877-891-9051 (Tagalog)

1-877-339-8621 (Vietnamese)

**Telecommunications Device for  
the Hearing and Speech Impaired:**

1-800-995-0852

**[www.healthnet.com/raytheon](http://www.healthnet.com/raytheon)**

You have access to Decision Power through your current enrollment with any of the following Health Net companies: Health Net of California, Inc.; Health Net Life Insurance Company.

**For Health Net Commercial members:** Decision Power 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.

**For Health Net Medicare Advantage members:** 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 Health Net of California and Health Net Life Insurance Company.

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