

BENEFIT HANDBOOK

your health coverage guide

HEALTH NET NATIONAL PPO
INSURANCE PLAN FOR TRINET



Health Net®

A BETTER DECISION

You've got a *better* decision with Health Net

For over 28 years, Health Net has been providing our insureds access to broad networks, personal service and useful wellness resources so they can easily maximize their health. We look forward to doing the same for you.






-  **Easy to use.** Online tools at www.healthnet.com/trinet. People to talk with on the phone at 1-800-546-1166 (6:00 a.m.– 6:00 p.m. PST). With Health Net, it's easy to get answers and get things done.
-  **Easy to find** a doctor in your neighborhood from the thousands of doctors and hospitals that are part of our statewide networks. Plus, our worldwide emergency coverage protects you wherever you travel.
-  **Easy to get care** with a wide range of covered services, predictable costs with low copayments for most services, and the choice to see a PPO network provider for substantial savings or see a doctor outside the network.
-  **Easy to stay healthy and get well** with Decision PowerSM and the information, resources and support that span the entire spectrum of health.
-  **Easy to count on.** Financially strong, Health Net is backed by Health Net, Inc., one of the nation's largest publicly traded managed health care companies with 6.6 million customers in all 50 states and the District of Columbia. We'll be here when you need us.

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National PPO¹ Insurance plan overview

The PPO plan offers the freedom to visit Health Net PPO providers and facilities without a referral from a primary care physician. If you visit a non-contracted (out-of-network) provider, your benefits may be lower.

- In-network discounts from a comprehensive provider network of physicians and hospitals.
- No claim forms when visiting Health Net PPO network physicians and facilities.
- You have access to more than 490,000 providers and 4,700 hospitals nationwide through an arrangement with First Health,[®] a national PPO network.

HEALTH NET NATIONAL PPO – HOW IT WORKS

The following provides general information about your plan. For more information, check your Certificate of Insurance.

Our Health Net PPO Insurance plan allows you to receive most care without an authorization or referral from another physician. If you select Health Net PPO physicians and facilities, you will likely reduce your out-of-pocket costs. PPOs offer a choice of where you receive services: in-network and out-of-network. Physicians and facilities that are contracted with Health Net PPO are called in-network or network physicians and facilities. When you need medical care, locate a physician or facility within the PPO network by visiting www.healthnet.com/trinet > *Provider Search–PPO Network* or by calling the dedicated TriNet Customer Contact Center at 1-800-546-1166. Access to Health Net PPO physicians and facilities are provided through our partner arrangement with First Health, a Nationwide PPO. Depending on your PPO plan, you may have a copayment or be billed for a deductible or coinsurance for covered services. If you visit a physician or a health care facility that is not within the Health Net PPO network, you will be using your out-of-network benefits. You are required to pay more for these services, including deductible, coinsurance and charges that exceed the Maximum Allowable Amount in your area. **Certain services, including hospital and outpatient surgery, require pre-certification. See your Certificate of Insurance for a complete list of services that require pre-certification.**

¹Health Net PPO is underwritten by Health Net Life Insurance Company, a subsidiary of Health Net, Inc.

The chart below shows some of the differences between choosing care using either in-network or out-of-network providers:

	IN-NETWORK	OUT-OF-NETWORK
FEATURES	<ul style="list-style-type: none"> • Direct access to Health Net's PPO network of physicians • No claim forms 	<ul style="list-style-type: none"> • Option to go outside the network of care • Claim forms required
BENEFIT LEVEL	<ul style="list-style-type: none"> • Lower out-of-pocket costs • Comprehensive benefits 	<ul style="list-style-type: none"> • Higher out-of-pocket costs
PREVENTIVE CARE	<ul style="list-style-type: none"> • Limited preventive care 	<ul style="list-style-type: none"> • Limited preventive care
OUT-OF-POCKET COSTS	<ul style="list-style-type: none"> • Deductible may apply • Copayment for office visits • Coinsurance applies for most covered services 	<ul style="list-style-type: none"> • Annual deductible • Higher coinsurance for covered services • Responsible for charges in excess of the Maximum Allowable Amount in your area

Accessing PPO care

WHY SHOULD I USE HEALTH NET PPO PHYSICIANS?

When you select a physician within the Health Net PPO network, you will likely reduce your costs due to:

- **Lower out-of-pocket costs** – We have negotiated rates with our PPO providers. Providers who are not in the Health Net PPO network may charge more for the same services.
- **Covered services** – In-network providers have agreed to bill you only for the amounts specified under their Health Net contracts. Out-of-network providers may bill for amounts that exceed plan-covered benefits. You are responsible for charges that exceed the Maximum Allowable Amount in your area.
- **No claim forms** – Health Net PPO physicians and facilities bill Health Net for you, saving you the time and hassle of claim form filing.

HOW DO I FIND A HEALTH NET PPO PHYSICIAN?

- Go to www.healthnet.com/trinet > *Provider Search—PPO Network* for easy access. Or, simply call 1-800-546-1166 for help selecting a Health Net PPO physician or facility.

WHAT STEPS SHOULD I TAKE IF I SWITCH PHYSICIANS?

Under the PPO plan, there is no need to notify Health Net if you switch physicians. However, if your new physician is not part of our PPO network, benefits will be paid at the out-of-network level. Please check with the staff at your physician's office to determine their policies for transferring your medical records. Any charge will be the covered persons' financial responsibility.

CAN I GO TO A NON-NETWORK PHYSICIAN, HOSPITAL OR OTHER HEALTH CARE FACILITY?

Yes, and services will be covered according to your specific benefit plan. Non-contracted providers will be paid at the out-of-network benefit level. Your out-of-pocket costs will be higher as benefits are subject to deductible, coinsurance and charges that exceed the Maximum Allowable Amount in your area. You will benefit by sharing the cost savings when using a Health Net PPO network provider with whom Health Net has discounted contract agreements.

WHAT DO I NEED TO DO WHEN I FIRST SEE MY PPO PHYSICIAN?

Call to schedule an appointment. When you get to your physician's office, show your Health Net ID card and pay your copayment, if you have one.

WHY TAKE MY HEALTH NET ID CARD?



Your Health Net ID card contains important information, including the office visit copayment, pharmacy benefit information, and important phone numbers for you and your provider. Any time you need medical care, including specialist care or if you get a prescription filled, you will be asked for your Health Net ID card. It's a good idea to keep it with you at all times.

If you misplace your ID card, you may print a temporary card or request a new one by logging onto www.healthnet.com/trinet. Or call Health Net's Customer Contact Center at 1-800-546-1166.

Health Net ID card outside (back and front)

<p align="center">Health Net PPO A Preferred Provider Organization</p> <p>For eligibility, coverage and claims information, please contact:</p> <table border="0"> <tr> <td>Health Net Commercial Claims P.O. Box 14702 Lexington, KY 40512</td> <td>Member Inquiries: 1-800-546-1166 Provider Inquiries: 1-800-641-7761</td> </tr> </table> <p>For electronic claim submission information, please call 1-800-977-3568</p> <p align="center">www.healthnet.com/trinet</p> <p>NATIONAL PROVIDER ACCESS PROVIDED THROUGH FIRST HEALTH Office Copay: \$20 for PPO/30% for non-PPO</p> <p>Prescription Copays: \$10 (generic)/\$25 (brand name)/\$35 (non formulary)</p>	Health Net Commercial Claims P.O. Box 14702 Lexington, KY 40512	Member Inquiries: 1-800-546-1166 Provider Inquiries: 1-800-641-7761	 <p align="right">ID Card Issue Date 05-13-2008</p> <p align="right">Group # 11664A</p> <p align="right">Subscriber # R00000000</p> <p align="right">Member # MM1</p> <p align="right">Type of Product PPO WITH PHARMACY</p> <p align="right"></p> <p>Group Name TRINET GOLD PPO</p> <p>Subscriber Name MICHAEL ROGERS</p> <p>Member Name MICHAEL ROGERS</p>
Health Net Commercial Claims P.O. Box 14702 Lexington, KY 40512	Member Inquiries: 1-800-546-1166 Provider Inquiries: 1-800-641-7761		

Health Net ID card inside (left and right)

<p align="center">TO LOCATE A PARTICIPATING FIRST HEALTH PROVIDER, PLEASE CALL 1-800-546-1166 OR WWW.FIRSTHEALTH.COM LOGIN ID: HNT</p> <p align="center">TO LOCATE A PARTICIPATING NATIONAL PHARMACY, PLEASE CALL 1-800-929-2524 Rx BIN#004336 Rx PCN HNET Rx Caremark Pharmacist: For assistance, call Pharmacy Help Line at 1-800-800-0180</p>	 <p align="center">PPO</p> <p align="center">PRE-CERTIFICATION</p> <p>You the member are responsible for obtaining certification for certain services. Please check your plan certificate for a list of services requiring pre-certification.</p> <ul style="list-style-type: none"> • all inpatient admissions • all inpatient/outpatient surgeries including transplants • outpatient diagnostic procedures (CT scans, MPEX, MRI, MUGA, PET, SPECT) • all hospice and home health care services • Durable Medical Equipment (DME) and Prosthetics • ambulance - non-emergent transport <p align="center">For pre-certification, please call 1-800-932-6690</p> <p>Decision Power - to access a Health Coach (24 hours a day, 7 days a week) call: 1-800-893-5597 (TTY: 1-800-276-3821)</p> <p align="center">CNET Contracts/Fee Negotiation Only </p>
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Accessing specialty care

WHAT IF I NEED TO SEE A SPECIALIST OR I NEED AN X-RAY OR LAB WORK?

- You do not need a referral to see a specialist. However, the PPO plan does require prior approval for certain services listed on the pre-certification list or penalties will be imposed. Examples of services requiring pre-certification are inpatient admissions, high cost radiology services, and some outpatient surgeries. Some of these services are listed on your ID card. For a full listing, please refer to your Certificate of Insurance. If you are unsure if a particular service requires pre-certification, please contact the Customer Contact Center at 1-800-546-1166.
- If you need an X-ray or lab work, your Health Net PPO physician might perform the procedure in his or her office, or order the X-ray or lab work from a facility. You can then call and schedule the appointment. Remember to take all paperwork given to you by your physician. You may be required to pay an additional copay or coinsurance if your physician sends the x-ray or lab work for analysis by an external provider.

Accessing other care

WHAT IF I NEED HOSPITAL CARE?

Non-emergency hospital care, including outpatient surgery, requires pre-certification. Even if your physician has scheduled a hospital admission, you must make sure Health Net provides pre-certification. To do so, call the pre-certification number on your Health Net ID card. If pre-certification is not obtained before medical services are provided, your benefits will be reduced and a penalty will apply. You will be responsible for additional charges related to that care. A PPO physician rarely admits patients to a non-network hospital. However, this is usually identified during the preauthorization process and the physician is redirected to a network facility.

EXAMPLES OF PROCEDURES AND SERVICES THAT REQUIRE PRE-CERTIFICATION INCLUDE:

- All inpatient admissions, including hospitalizations (non-emergency), rehabilitation, behavioral health, hospice and skilled nurse facilities.
- Outpatient diagnostic testing such as MRI, CT, MRA, MUGA, PET, SPECT
- Certain Outpatient surgeries
- Maternity care/pregnancy (notification only)
- Air ambulance and non-Emergent transportation services
- Transplant services
- Durable Medical Equipment and Prosthetics
- Home health services
- TMJ treatment

Refer to your Certificate of Insurance for a full list of services and supplies that require pre-certification.

WHAT IS URGENT CARE?

Urgent care is treatment for a serious but non-emergency condition such as a sprained ankle, broken bones, severe abdominal pain or high fever. Going to an urgent care center is your best bet because wait times are typically shorter than in hospital emergency rooms plus no appointment is necessary. If you are traveling outside of your service area, you may have to pay for your treatment and then complete a claim form to get reimbursed.

WHAT IS EMERGENCY CARE?

A health emergency includes shortness of breath, excessive bleeding, severe pain to body functions/organs or any life-threatening condition. If you need emergency care, call 911 (in areas where the system is established and operating) or go to the nearest emergency facility. If you are admitted to the

facility, please have a family member or hospital staff contact Health Net as soon as possible. If you are traveling outside of your service area, you may have to pay for your treatment and then complete a claim form to get reimbursed.

WHAT IF I'M TRAVELING AND NEED CARE OR SERVICES?

For non-emergency services, under your PPO, you are eligible for in-network benefits within the United States through the First Health Network. To find a provider in your area you can:

- Log on to www.healthnet.com/trinet > *Provider Search–PPO Network* for easy access.
- Or call 1-800-546-1166 for help in selecting a Health Net PPO physician or facility.

Note: Just like at home, Health Net's PPO network physicians will file your claim with Health Net. For covered services, all you do is pay your copayment or coinsurance, if you have one, when you receive care. Or your provider will bill you (after discounts) for your deductible and coinsurance.

HOW DO I FILE A CLAIM FORM?

If you visit a non-contracted (out-of-network) physician or facility you may need to pay for all costs when you receive care and then file a claim to Health Net for reimbursement. To get a claim form, go to www.healthnet.com/trinet and select *My Benefits & Forms*. Then click on *Medical Claim Form* or *Prescription Claim Form*, which ever is appropriate for your needs. Or call Health Net's dedicated Customer Contact Center for TriNet employees at 1-800-546-1166.

Complete the form, including diagnosis, date, and type of service. Attach the itemized statement and proof of payment (copy of canceled check, credit card receipt, etc.), then mail to:

Health Net
P.O. Box 14702
Lexington, KY 40512
Attention: Commercial Claims

WHAT DO I DO WITH A FOREIGN MEDICAL BILL FOR CARE I RECEIVE OUTSIDE THE U.S.?

You are covered for emergency services when traveling out of the country.

You will need to submit a completed claim form, foreign claim questionnaire and an itemized statement of services to Health Net for review within one year from the date of service. The statement should be translated into English and include the following: provider's name and address, date(s) of service, description of treatment, emergency room report (if available), diagnosis and the charges for each service rendered. Also, send in proof of payment (copy of canceled check, credit card receipt, etc.).

Be sure to keep copies of your records.

Download claim forms and the foreign claim questionnaire from www.healthnet.com/trinet, click *My Benefits & Forms*.

Out-of-pocket costs

HOW MUCH WILL I PAY FOR PPO MEDICAL CARE?

Depending on your PPO plan, you may be billed for the deductible, coinsurance and amount in excess of the Maximum Allowable Amount for covered services.

1. **Deductible** – This is the amount you pay for covered services before the plan begins to pay. Your deductible is listed on your Summary of Benefits, in your Certificate of Insurance and on your Explanation of Benefits, which you will receive from Health Net after we process each claim we receive from your physician.
2. **Copayments** – These are fixed dollar amounts you pay for some services when you receive care. Your office visit copayment is listed on your ID card as well as in your Certificate of Insurance.
3. **Coinsurance** – This is a percentage of medical costs that you pay for most covered services after you have received care and your claim has been processed. Your coinsurance is listed on your ID card for office visits and in your Certificate of Insurance.

4. **Maximum Allowable Amount** is the amount on which Health Net Life Insurance Company (HNL) bases its reimbursement for covered services and supplies provided by an out-of-network provider. Maximum Allowable Amount is not the amount that HNL pays for a covered service; the actual payment will be reduced by applicable coinsurance, copayments, deductibles and other applicable amounts. Refer to the definition section of your Certificate of Insurance for details.

WHAT IS AN OUT-OF-POCKET MAXIMUM?

There is a limit to the amount of copayments and coinsurance combined you have to pay each year. This is called your **Out-of-Pocket Maximum (OOPM)**. Once you reach it, you will not have to pay any more copayments or coinsurance for covered services for the rest of the calendar year, except for prescriptions and chiropractic treatments, if applicable. Each covered person has an OOPM to meet, however there is a family maximum as well. To find out what your specific benefits are, see your Certificate of Insurance. Or, log in to www.healthnet.com/trinet > *My Medical Benefits*.

Making the most of your health plan

SELF-SERVICE AT WWW.HEALTHNET.COM/TRINET

At www.healthnet.com/trinet, we make it fast and easy to get things done on your schedule, not ours. It takes just a few minutes to register online.

1. Click on *Register Now* from www.healthnet.com/trinet
2. Complete the online form
3. Accept the Terms of Use.
4. Click on *Register*

Get our informative e-newsletter, Health Net Monthly – choose to receive emails from Health Net.

Once you have your own user name and password, you can:

- Order ID cards
- See your plan details
- View pharmacy benefits
- Search for a physician or specialist Nationwide
- Compare hospital quality and service ratings
- Find a pharmacist near you
- Get forms
- Connect with Decision Power interactive tools and coaching options
- Learn about health topics
- Email the Customer Contact Center
- And much more!

DECISION POWER: HEALTH IN BALANCE

Your Health Net plan comes complete with Decision Power, which brings together under one roof the information, resources and personal support that fit you, your health and your life.

Whether you...

- have a question
- want help with a specific health goal
- need treatment but want to understand all your options
- are living with illness

...we're here to help you work with your doctor and make informed decisions. You choose how and when to use the information, resources and support available. You can use Decision Power online. Or by calling a Health Coach. Try multiple resources at once, or one at a time.

Log on to www.healthnet.com/trinet:

Take the health risk questionnaire (HRQ) – with its instant results and interactive features, the HRQ is your gateway to recommendations and resources based on your unique health profile.

Try a step-by-step plan for managing weight, stopping smoking or boosting nutrition. You can start with our online coaching and self-help tools. Phone coaching support is included so making lasting, healthy changes is easier.

Track your health progress and build a complete medical snapshot to have whenever you need it with a Personal Health Record.

Find support for any kind of mental health concern such as depression, alcohol use, eating disorders, etc.

Be informed with our trusted, easy-to-understand materials, audio and streaming video resources that help weigh the pros and cons of various treatments through real-life stories.

Know your numbers – with our health trackers (cholesterol, diet, fitness), treatment cost estimator and hospital comparison reports.

Talk to a Health Coach to get:

1:1 consultations and a single point of contact for any and every health question, goal or situation. You can talk to the same Health Coach every time you call.

Steps to avoid Metabolic Syndrome – the combination of three or more of the five risk factors (e.g., waist size, blood pressure, HDL cholesterol level) that predict diabetes, heart disease and colon cancer.

24-hour answers to health questions or concerns. Always call 911 or go straight to the emergency room in a life-threatening situation.

Techniques to help you feel comfortable talking with your doctor and expressing your preferences.

Pointers for setting achievable health goals; guidance on evaluating treatment options.

Advice and support for living with an ongoing illness such as asthma, diabetes, heart disease, etc.

Specialized consultation from nurse case managers to help both patients and family members deal with the complexity of end-stage illnesses.

Decision Power – use it whenever and as much as you like. Because when it comes to your health, there's more than one right answer.

The HRQ is your gateway to health knowledge and support.

- Identify potential health risks — new questions help pinpoint risk factors that are strong predictors of diabetes, heart disease, and colon cancer
- Get an action plan for boosting your health
- See how lifestyle changes will impact your overall health score and reduce health risks — the HRQ has health “risk tabs” with sliders that make it interactive and fun
- Share the results with your doctor, so you can work together on health improvement
- Follow links to information centers for practical tips in making good health choices
- Set up your Personal Health Record for a complete medical snapshot whenever you need it

Prescription drug benefit program

In your Certificate of Insurance, you'll find coverage information about copayments, limits on medication refills, length of prescriptions and other information about your prescription benefits. If you still have questions after that, you can log on to www.healthnet.com/trinet > *My Pharmacy Benefits*.

DO I NEED TO CARRY THE CAREMARK® PHARMACY ID CARD?

Yes. We recommend that you carry your Caremark pharmacy ID card. Caremark is a recognized leader in pharmacy benefits and many small local pharmacies will quickly recognize the Caremark name. However, all the necessary information for obtaining prescription medications and getting approvals is included on your Health Net ID card and in your Certificate of Insurance.

HOW CAN I FIND A PHARMACY NEAR ME AND WHEN TRAVELING?

Health Net contracts with most major supermarket-based pharmacies as well as all major chains throughout the United States. To locate a pharmacy log in to www.healthnet.com/trinet > *My Pharmacy Benefits*.

If you get a prescription filled from an out-of-network pharmacy you may have to pay full price and submit a claim form in order to be reimbursed for a covered emergency. Download a claim form from www.healthnet.com/trinet > *My Benefits & Forms* or call 1-800-546-1166.

HEALTH NET'S RECOMMENDED DRUG LIST

Pay attention to whether each medication you're prescribed is on Health Net's "Recommended Drug List." Health Net has a "Recommended Drug List," a list of covered medications proven safe, effective and affordable. When your doctor prescribes a medication listed in the Recommended Drug List, you can be sure you are receiving a high quality prescription medication that is also economical. The Recommended Drug List:

- Is updated regularly as new clinical information becomes available.
- Is developed and updated based on input from the Health Net Pharmacy and Therapeutics Committee, a team of practicing physicians representing various medical specialties and physician groups within the network as well as clinical pharmacists.
- Has medications on it that the Pharmacy and Therapeutics Committee approves – based on clinical effectiveness, safety and value – through published medical and scientific research, clinical experience and doctor recommendations.
- Is available to all insureds. For a copy of the Recommended Drug List visit www.healthnet.com/trinet > *PPO Pharmacy* or call the Customer Contact Center at 1-800-546-1166.

GENERIC AND BRAND NAME DRUGS

Get the most out of prescription drug benefit coverage. To make sure your out-of-pocket costs are as low as possible, the Health Net Prescription Drug Program requires using a generic medication, whenever one is available, instead of a brand name drug. You should know that:

- Brand name drugs have a "brand" or trade name but will also have a "generic" name. Generic drugs are less expensive than brand name drugs, but contain the same active ingredients and have the same medical benefit.
- When a new drug is developed, its maker applies for a patent to give it sole manufacturing rights for a period of time. Once the drug's patent expires, other companies can make the drug using the same formula of active ingredients – but they cannot use the brand name.

- Generic drugs must meet the same FDA standards for safety, purity, strength and effectiveness as their brand name counterparts.
- You are covered for brand name drugs even when a generic equivalent is available. You will be responsible for the brand 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.

WHY USE GENERIC DRUGS?

If you use generic drugs, you can rest assured that they are safe. The U.S. Food and Drug Administration (FDA) ensures all manufacturing and marketing are in strict compliance with their guidelines. The FDA is a federal agency that has pharmaceutical and medical experts. They ensure the safety and effectiveness of both generic and brand name prescription medications. No prescription drug may be sold without this approval.

To get an “A” rating by the FDA, the generic drug must meet the same firm standards as the brand-name drug. Unless told *not* to do so specifically by your doctor, pharmacies that contract with Health Net, *will* substitute a generic drug that is rated “A” for a brand-name medication. You may be required to pay the difference between the brand and the generic, plus the applicable copay if you request a brand name when a generic is available.

HOW DO I OBTAIN INJECTABLE MEDICATIONS?

Injectable medications are a covered benefit under your Health Net plan but not filled at your local pharmacy. Health Net contracts with a specialty injectable pharmacy, Curascript (1-877-283-2829) to dispense your injectables. Some injectables require prior authorization from Health Net. Once your injectable has been authorized, CuraScript will be notified by Health Net to fill your order, and contact you to arrange a time and place for delivery of your injectable medication.

Some prescription medications require advance approval, or “prior authorization.” That means your doctor must contact Health Net in advance to provide the medical reason for prescribing the medication. Review your Certificate of Insurance for more information on the important criteria that goes into that decision, what to do if authorization is denied, how to submit an appeal or alternatives that may be covered.

Prescriptions by mail drug order program

WHAT IS MAIL ORDER?

Mail order offers the convenience of home delivery for most of your **maintenance medication** needs. This service saves you time and money. Most insureds with prescription drug benefits are eligible.

HOW DO I SET UP PRESCRIPTIONS BY MAIL?

1. Have your doctor write two prescriptions, one 30-day supply you can fill immediately and one 90-day supply for mail-order.
2. Write your first and last name, ID number, address, telephone number and the words “Health Net” on the back of the prescription(s).
3. Complete the Health Net mail-order form to establish your mail-order account.
4. Mail your prescription(s) along with the mail order form at least two-three weeks before you’ll need your refill.

Download a Prescriptions by Mail order form from your custom website www.healthnet.com/trinet > *My Benefits & Forms* or call 1-800-546-1166.

WHAT IS A MAINTENANCE MEDICATION?

Maintenance medication refers to drugs needed for chronic or long-term conditions. Certain controlled substances may be subject to dispensing limitations. This means that they are not available through mail order since they can't be filled for the full 90-day supply.

Note: Some drugs may require prior authorization to be covered. Your doctor must submit a Prior Authorization request to Health Net before the drug is eligible for coverage. For a list of drugs requiring Prior Authorization, log on to www.healthnet.com/trinet > *PPO Pharmacy*.

WHAT CAN YOU EXPECT FROM THE MAIL-ORDER PROGRAM?

- You will receive your medication within 14 days after you mail your prescription. More time will be needed if your prescription requires prior approval.
- If your prescription needs prior authorization, please make sure that your physician responds promptly to additional requests for information so that your order is not delayed.
- Prescriptions will be delivered to your home free of postage and handling charges. However, there is a charge if you request overnight mail service.
- Copayments can be made by check, money order, Visa, MasterCard, Discover or American Express.

Things to know about your coverage

A PROVIDER HAS BILLED ME; HOW DO I KNOW HOW MUCH OF THE BILL TO PAY?

Generally, most providers will automatically send a patient a billing statement simultaneously with filing a claim with Health Net. Assuming that the billing information is complete, allow up to 30 days for Health Net to process the claim. When the claim is processed, an Explanation of Benefits (EOB) is generated, which will be mailed to you and the provider

and will reflect your financial responsibility. This amount should be remitted to the provider of service.

WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

An Explanation of Benefits is a statement from Health Net detailing those benefits that were paid as part of a medical claim, deductibles and/or copayment amounts, and any balance due. The Explanation of Benefits is not a bill and no payment needs to be made to Health Net. Your provider will bill you directly for any deductibles or copayments due.

Grievances

HOW DO I APPEAL A CLAIM, CERTIFICATION OR AUTHORIZATION DENIAL?

There are four ways you can initiate an appeal.

1. You may call dedicated Health Net Customer Contact Center for TriNet employees at 1-800-546-1166.
2. Send an email via TriNet's custom web site at www.healthnet.com/trinet > *Contact Us*.
3. Fax your inquiry to (818) 676-6802.
4. Mail it to:
Health Net Appeals & Grievances
P.O. Box 10348
Van Nuys, CA 91410-0348

WHAT IF WAITING FOR MY APPEAL WOULD HARM MY HEALTH?

Health Net makes every effort to process your appeal as quickly as possible. In some cases, you have the right to an expedited review when a delay in the decision-making might pose an imminent and serious threat to your health, including, but not limited to potential loss of life, limb or major bodily function.

In order to expedite your appeal, call 1-800-546-1166. Health Net will evaluate your request and your medical condition to determine if the request qualifies for an expedited review. If so, the request will be processed within 72 hours. If not, your appeal will be processed within the standard 30-day time frame.

HOW CAN I CHECK THE STATUS OF MY CLAIM?

Call Health Net's dedicated line for TriNet at 1-800-546-1166.

A representative will assist you in providing detailed claim information.

Or, Health Net's Interactive Voice Response (IVR) system can also provide you with the status of your claim. Simply enter your identification information and the service month, day and year.

WHAT IS COORDINATION OF BENEFITS?

Coordination of Benefits (COB) determines responsibility for payment of eligible expenses among insurers providing group coverage to you, so that the total of all reasonable expenses for Covered Services and Supplies will be paid up to the stated limits of each coverage, but not to exceed total expenses incurred for those services and supplies.

WHY DID I RECEIVE A COORDINATION OF BENEFIT QUESTIONNAIRE AND DO I HAVE TO RETURN IT?

Questionnaires are generated when a claim is filed for a dependent in order to determine which health insurance is primary and if the other health insurance coverage exists. Please return the questionnaire to the address that appears on the form.

WHAT IS THE PROCEDURE FOR LODGING A COMPLAINT AGAINST A PPO PROVIDER?

You may call the dedicated Health Net Customer Contact Center for TriNet at 1-800-546-1166 or log in to www.healthnet.com/trinet to download a grievance form. Fax the form to (818) 676-6570 or mail it to:

Health Net Life Insurance Company
Member Services Appeals & Grievances Department
P.O. Box 10348
Van Nuys, CA 91049

You must file your grievance or appeal with Health Net Life Insurance Company within 365 calendar days following the date of the incident or action that caused your grievance.

Contact us

For more information, please call our dedicated
Customer Contact Center for TriNet employees:

English 1-800-546-1166

Spanish 1-800-331-1777

Cantonese 1-877-891-9050

Korean 1-877-339-8596

Mandarin 1-877-891-9053

Tagalog 1-877-891-9051

Vietnamese 1-877-339-8621

TDD/TTY 1-800-995-0852
(hearing/speech impaired)

www.healthnet.com/trinet

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