

---

## IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

---

### There are two kinds of appeals you can request:

- 1. Expedited (72 hours):** You, your prescriber, or your representative can request an expedited (fast) appeal if you or your prescriber believe that your health could be seriously harmed by waiting up to 7 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a prescription drug you already received. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get your appeal.
  - If your prescriber asks for an expedited appeal for you, or supports you in asking for one, and indicates that waiting for 7 days could seriously harm your health, **we will automatically expedite your appeal.**
  - If you ask for an expedited appeal without support from your prescriber, we will decide if your health requires an expedited appeal. We will notify you if we do not give you an expedited appeal and we will decide your appeal within 7 days.
  
- 2. Standard (7 days):** You, your prescriber, or your representative can request a standard appeal. We must give you a decision no later than 7 days after we get your appeal.

### What do I include with my appeal request?

You should include your name, address, Member number, the reasons for appealing, and any evidence you wish to attach. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescriber must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

### How do I request an appeal?

**For an Expedited Appeal:** You, your prescriber, or your representative should contact us by telephone or fax at the numbers below:

---

<b>Phone:</b> 1-888-445-8913	<b>Fax:</b> 1-877-713-6189
---------------------------------	-------------------------------

---

**For a Standard Appeal:** You, your prescriber, or your representative should mail or deliver your written appeal request to the address below:

---

Health Net Appeals and Grievances Department

P.O. Box 10343

Van Nuys, Ca 91410-0343

---

### What happens next?

If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

**Contact information:**

If you need information or help, call us at:

---

**Toll Free:** 1-888-445-8913

**TTY:** 711

From October 1st through February 14th, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week. Calls on Thanksgiving and Christmas Day will be handled by our automated phone system. From February 15th through September 30th, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. Additionally, from February 15th through September 30th, calls on Saturdays, Sundays, and Federal holidays, with the exception of President's Day, will be handled by our automated phone system.

---

**Other resources to help you:****Medicare Rights Center**

Toll Free: 1-888-HMO-9050

**Medicare**

Toll Free: 1-800-MEDICARE (1-800-633-4227)

24 hours a day, 7 days a week

TTY: 1-877-486-2048

**Elder Care Locator**

Toll Free: 1-800-677-1116

<Health Net has a contract with Medicare to offer HMO, PPO, and HMO-SNP plans. Health Net has a contract with Medicare and the Arizona and California state Medicaid programs to offer HMO SNP coordinated care plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.>