

**Ontario-Montclair Teachers Association / OMTA**  
**2011 Open Enrollment**  
**Frequently Asked Questions – FAQs**

**What is changing?**

OMTA is changing medical plan carriers effective July 1, 2011. Health Net will replace Anthem Blue Cross as vendor. Kaiser HMO plan options will remain.

**How will this affect employees?**

The plans offered through Health Net are similar to the plans OMTA currently offers through Anthem Blue Cross. Members currently enrolled in Anthem Blue Cross will need to enroll in one of the Health Net plans.

**What type of plans are being offered by Health Net?**

Health Net is offering an Elect Open Access (EOA) HMO plan to replace the Anthem Blue Cross HMO plan. And Health Net is offering a PPO medical plan to replace the Anthem Blue Cross POS plan.

**How does the Health Net Elect Open Access (EOA) HMO plan work?**

When you first enroll in Health Net's Elect Open Access (EOA) HMO plan, you must select a Participating Physician Group (PPG) from Health Net's list of PPG's. Then you must choose a contracted Primary Care Provider (PCP) within that group. Each member of your family can choose a different PCP and a different PPG to fit their individual's needs.

A Primary Care Provider (PCP) can be a Pediatrician, General Practice, Internal Medicine, or Family Practice. Your PCP will coordinate your routine and hospital care. You will also need a referral to see a Specialist within your Medical Group.

**See PPO specialist without a referral.** The EOA HMO plan allows self-referral flexibility to PPO physicians, practitioners and health professionals statewide at a slightly higher copayment (you may also need claim forms for certain services).

Certain services requiring hospitalization, outpatient surgery, maternity care and other therapeutic care must be coordinated and authorized by your PCP in order to be covered by Health Net.

**What do I do if I am having trouble getting a referral on the EOA HMO plan?**

Call the Member Service telephone number on your ID card. Member Service Representatives are the member's advocate and can assist with any issue.

**Do I need a referral for my annual gynecological visit if I am enrolled in the EOA HMO plan?**

No, women can self refer for their annual GYN visit. However, the OB/GYN must be in the same Medical group as her Primary Care Physician (PCP).

**Do I need a referral for Mental Health or Substance Abuse care if I am enrolled in the EOA HMO plan?**

No, in California, HMO members have direct access to mental health care. Members should call the toll free Member Service number on their ID cards to initiate the access to care.

**What happens if I enroll in the EOA HMO plan and do not select a Primary Care Provider?**

Health Net will assign a Primary Care Provider to you based on your home zip code. You can change your Primary Care Provider by calling Member Services.

**What do I do if I am in the middle of care on July 1, 2011 and I am using the same provider that I had under the Anthem Blue Cross HMO plan?**

If the provider is a Specialist, you will need to get a referral from the Primary Care Provider in that Medical Group.

**Are all of the doctors I am currently using in the HMO plan through Anthem Blue Cross in the Health Net network?**

Almost all of the doctors you are currently using are on the Health Net EOA HMO plan. You should go to [www.healthnet.com](http://www.healthnet.com) and click on Provider Search in the upper right hand corner to make sure your doctors are contracted with Health Net. A list of medical groups can also be found on the OMTA website, [www.myomta.org](http://www.myomta.org).

**What do I do if I am in the middle of care on July 1, 2011 and my Doctor is not contracted with Health Net?**

Again most of the HMO providers you are currently using are also contracted with Health Net. However, if you are in the middle of a course of treatment (i.e. chemotherapy, pregnancy, etc.) you can complete a Transition of Care form and submit it to the Health Net Patient Management Department. They will review

your request and notify you if you can continue to see your current provider until the course of treatment is complete.

**Will I get a new ID card on July 1, 2011?**

Yes, you and each covered dependent will receive a new ID card that will have your Primary Care Provider's name on it if you enroll in the EOA HMO plan. If you enroll in the Health Net PPO plan you will receive a new ID card for each covered dependent as well. You will present this ID card to your physician and also at the pharmacy.

**Do I have to pay a copayment for Complex Radiology scans such as CT, MRI, PET, etc., on the Health Net EOA HMO plan?**

There is a \$100 copayment for Complex Radiology tests on the EOA HMO plan.

**How are Urgent Care and Emergency Rooms covered under the EOA HMO?**

If you have a situation that requires treatment and it is after hours, you must contact your Primary Care Provider. He/she may direct you to an Urgent Care facility that is affiliated with the PCP's Medical Group or may direct you to the Emergency Room. If the situation is life threatening, go to the nearest Emergency Room and then contact your Primary Care Provider as soon as possible.

**What do I do if I receive a bill when I am enrolled in the EAO HMO plan?**

You should not receive a bill when you are enrolled in an HMO plan. If you do it means the provider most likely does not have your insurance information. It is extremely important for members to show their new HMO ID card when accessing care. If you receive a bill, contact Member Services immediately.

**How do the new plans through Health Net handle treatment while traveling in the U.S. or abroad?**

Through the Health Net plans members are covered world wide for emergency care regardless of which plan you have elected.

**During this transition from one insurance carrier to another is there any other place that we can find assistance in resolving specific and on-going problems with the current Anthem Blue Cross plan before they are terminated?**

OMTA's participation in the SCSEBA JPA provides each member access to a special program from a firm called Health Advocate. This company, Health Advocate, can provide healthcare problem solving and can become your personal health advocate at *No Cost* to you or your family member. The Health Advocate typically uses registered nurses with considerable experience in the medical

delivery system, supported by physicians and specialists in claims management, behavioral health and other specialties. You can have a single, ongoing contact person to assist you in;

- Resolve insurance claims
- Negotiate billing and payment arrangements
- Work with carriers to obtain appropriate approvals for needed services
- Assist in the transfer of medical records, X-rays and lab results
- Obtain unbiased health information about complex medical conditions to help make informed decisions
- Explain benefits and help facilitate access to appropriate care
- Expedite appointments including those with hard-to-reach specialist; arrange for specialized treatments and test

Health Advocate can be reached at their toll-free phone number 866.695.8622 and you can visit their website at [www.healthadvocate.com](http://www.healthadvocate.com)

### **Are there any changes to the Prescription Drug plan?**

**Yes**, the current Medco prescription drug plan will be replaced by the new Health Net plans. The Health Net EOA HMO plan duplicates the current benefits (copayments) on the prescription drug plan through Medco. However, effective July 1, 2011 the Health Net prescription plan will be administered by Health Net and CVS Caremark.

### **How will my Retail and/or Mail Order Drug plan work under the new Health Net plans?**

Because this is considered a new policy, you will need to get a new prescription from your physician and submit it Health Net.

## **Pharmacy FAQs**

Frequently Asked Questions & Answers to common pharmacy-related questions.

### **1. How do I use my Health Net prescription benefit?**

Once you obtain a prescription from your physician, you can receive up to a month's supply that can be filled at one of the Health Net participating pharmacies. Be sure to fill all non-emergency prescriptions at a participating pharmacy to ensure they will be covered under your pharmacy plan benefits.

### **2. How can I find a Health Net participating pharmacy?**

You may access most participating chain pharmacies almost anywhere in the United

States, including Costco, CVS, Kmart, Longs, Rite Aid, Safeway, SAV-on, Target, The Medicine Shoppe, Walgreen's, and Wal-Mart. Specialty pharmacy and mail order pharmacy medications must be obtained from one of Health Net's designated Specialty Pharmacy or Mail Order providers.

To locate a participating pharmacy, search the [Pharmacy Locator](#) or call Health Net at the Customer Service number located on your ID Card.

### **3. How can I work with my provider to get the best benefit from Health Net's Drug Lists?**

Your physician, pharmacist or other medical provider can help you to get the best benefit.

Here are some tips:

- Ask your physician to prescribe generic products from our drug lists whenever possible.
- If a medication you need is not available in a generic, or is non-preferred, ask your physician to choose a brand-name product that is on our drug lists.
- Take your drug list with you whenever you visit physician.
- Tell your physician it is important that you pay the lowest copayment possible as long as the medication is right for your medical condition.

### **4. What does Prior Authorization (PA) mean?**

When a medication is noted on our drug lists as "prior authorization required", your physician must contact us to provide the medical reasons for prescribing this medication. Upon receiving the necessary information, we will assess this information based on established clinical criteria for the particular medication.

### **5. What should I do if my medication requires Prior Authorization?**

If your medication has a comment on our drug lists that it requires prior authorization, we recommend that you talk with your physician or medical provider as soon as possible about the prescribed medication and alternatives available. If your physician requests a prior authorization, we need to obtain information directly from your provider (this information cannot come from you, the patient). The provider may fax your prior authorization information using our Prior Authorization/Medication Exception Request Form or, if urgent, your physician may call us.

If your prior authorization criteria are met, then the drug is approved for coverage at the applicable copayment or coinsurance. If you decide to purchase without prior authorization, you will be responsible for the total cost of the medication.

#### **6. What does it mean if my drug has a quantity limit?**

Some medications may be subject to a dosage -or quantity- limit. This means that you can get a pre-set amount of the medication within a specific time period. If your medication has a quantity limit, but you have been prescribed a dose that exceeds the limit, your physician must obtain prior authorization for the higher quantity.

The medication will not be prior authorized if: medical necessity criteria are not met; there is a less costly alternative; or the medication is not a covered benefit. If you decide to purchase the medication without prior authorization, you will be responsible for the total cost.

#### **7. How can I get an extra supply of medication if I'm going on vacation?**

Health Net's participating pharmacies nationwide enable our members access to their drug benefit for any additional medication needed while on vacation.

If your prescription refill is due while you are on vacation, an override can be entered to allow for an extra fill if you or your pharmacy notifies Health Net. Please allow extra time for your pharmacy to process your request. You will be responsible for any additional copayment that may apply and will be limited to one additional month. If greater supplies are needed, use our Mail Order program to obtain up to a 90-day supply.

#### **8. Is there a mail order pharmacy program?**

Yes. However, a **mail order pharmacy** program is generally used for maintenance medications, which are drugs that are taken for an extended period due to a chronic medical condition. Our Prescriptions by Mail program may allow you to receive up to a 90-day supply of maintenance medications. Self-injectables, with the exception of insulin, are not available through the Mail Order benefit.

#### **9. What if a medication is not on a Health Net Drug List? Does that mean it's not covered?**

Some generic and brand-name medications are secondary choices due to side effects, therapeutic performance, and/or high cost. If you are on a medication that is not on our drug lists, tell your physician or medical provider that you want to pay the lowest copayment possible under your pharmacy plan benefit.

Your physician or medical provider is best suited to determine what an acceptable alternative for your medical condition is. If, after discussing the options with your

physician or provider, you find that it is best to remain on a brand-name medication not on our drug lists, you will pay the non-drug list copayment.

**10. Who develops the list of medications included on the Health Net Drug List?**

The drug lists are developed and updated by the Health Net Pharmacy and Therapeutics (P&T) Committee, which consists of practicing physicians and pharmacists who are chosen based on their experience, knowledge and expertise in their specialties. Other external physician experts are consulted to provide input.

The lists are updated regularly. The latest versions are available online. For more information, call us at the Customer Service number located on your ID card.

**11. How do I request reimbursement for prescriptions I purchased out-of-pocket?**

We recommend that you fill prescriptions at participating pharmacies whenever possible. However, you may be eligible for reimbursement (minus the copayment) on prescriptions filled by an out-of-network pharmacy for emergency medical care.

**12. How do I submit a claim for reimbursement?**

Print and complete the [Prescription Drug Claim Form](#) and mail it with a copy of your detailed prescription receipts (not cash register receipts) to the address located on the form.

Claims must be submitted within one year of the date of service. If a reimbursement is due to you, a check will be mailed within 30 days of our receipt of your claim.

**13. Health Net is my secondary insurance. Am I eligible for reimbursement of my prescription copayments with my primary insurance?**

If Health Net is not your primary plan, you still may be eligible for secondary reimbursement from us on prescription drugs. To determine eligibility, send us your detailed prescription receipts (not cash register receipts) with your Explanation of Benefits statement from your primary insurance. If this statement is not available, send a copy of your primary insurance plan ID card and include a daytime phone number so we can contact you if needed.

Mail to:

Health Net of California  
C/O Caremark  
PO Box 52136  
Phoenix, AZ 85072-2136

Claims must be submitted within one year of the date of service. If a reimbursement is due to you, a check will be mailed within 30 days of our receipt of your claim.

**14. How are diabetic supplies covered?**

The Health Net pharmacy benefit covers insulin, lancets, needles, syringes, and blood glucose test strips. Although these items are available over-the-counter, you must have a prescription in order for the pharmacy to process the claim.

Health Net's preferred brands are Accu-Chek® Aviva, Accu-Chek® Compact Plus, Freestyle Flash® and Freestyle Freedom®, and Precision Extra monitors.