

HEALTH NET

A Better Decision

SEE WHY OVER
18,000 OF YOUR
COWORKERS
HAVE MADE

A Better DecisionSM
with Health Net



STATE OF CONNECTICUT MEMBER CAPABILITIES





MESSAGE FROM HEALTH NET OF THE NORTHEAST PRESIDENT PAUL LAMBDIN

For over ten years, Health Net has insured State of Connecticut employees and retirees. Being a Connecticut company ourselves, we are very proud to be offered as an option to State of Connecticut employees. As a state employee, you are given the opportunity each spring to choose your health coverage for you and your family. This year, we encourage you to take another look at your options, a lot can change in a year. Although the plans may look the same, the value is found in the details.

When choosing a health plan, you might ask: What should I expect? Good benefits and access to quality care? Of course. But we think a health plan should offer you more. We think every health plan should recognize that injury and illness can affect more than the individual; they can affect family. That the road to recovery often has many milestones and decisions to make. That everyday concerns can become medical ones.

We understand these things. It's what sets us apart. Our mission is to help people be healthy, secure and comfortable. We provide services that help individuals and families when they need them most, in ways that truly matter.

Dedicated Member Services line for State of Connecticut Employees and Retirees

1-800-255-5019

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



Health Net®
A Better Decision

Health Net of the Northeast, Inc.

One Far Mill Crossing

P.O. Box 904

Shelton, CT 06484

www.healthnet.com/stateofct

On the surface, your health care options can look pretty much the same.

BUT IF YOU LOOK A LITTLE CLOSER, YOU MAY FIND THE DIFFERENCE BETWEEN “JUST ANOTHER HEALTH PLAN” AND A PARTNER THAT SUPPORTS YOU AND YOUR FAMILY ON YOUR PATH TO OPTIMAL WELLNESS.

WE BELIEVE THERE ARE AT LEAST FIVE REASONS HEALTH NET IS MORE THAN “JUST ANOTHER PLAN” – AND A BETTER DECISION...

- 1** **An extensive and growing network** of quality physicians, facilities, and hospitals that gives you excellent choice and access throughout the tri-state.
- 2** **Cutting-edge online decision-making tools and wellness resources** to inform, empower and keep you healthy.
- 3** **Health Coaches** to assist you in making confident decisions about your health care, 24/7.
- 4** **Member Advocates** to advocate for your service needs — highly trained people who live and work where you do.
- 5** **Quality care initiatives** to help ensure the care you receive is safe and effective.



1

An extensive and growing network of quality physicians, facilities and hospitals

THAT GIVES YOU EXCELLENT CHOICE AND ACCESS THROUGHOUT THE TRI-STATE.

We have added over 20,000 physicians in the tri-state area since 2004. And we're not stopping here! Our efforts continue to focus on recruiting reputable physicians, facilities and hospitals.* For the most current and complete directory of participating physicians, facilities and hospitals, please visit our web site, www.healthnet.com/stateofct, and select "Search Our Doctor Network."

Deep Discounts: We strive to achieve in-network discounts on physician and hospital services that are better than or equal to market average. If your plan has an in-network deductible or coinsurance, these discounts go a long way toward managing what you must pay out of your pocket.



* Health Net contracts with a network of carefully chosen Physicians and Hospitals to render covered services to our members. As a Health Net member, you receive the highest level of coverage when you obtain your care from these providers.

If you have an Advantage Platinum HMO plan, when you receive care from a contracted provider you are only responsible for the copayments outlined in your Evidence of Coverage. You must obtain all covered services from contracted physicians and hospitals or covered services will be denied (unless it is an Emergency). If you have a Point of Service (POS) plan and elect to receive services from a non-participating provider, you are responsible for payment of deductibles and/or coinsurance as outlined in your Summary of Benefits.

Cutting-edge online decision-making tools and wellness resources

2

HEALTH NET HAS PARTNERED WITH WEBMD® AND SUBIMO TO ADD TO THE ROBUST SUITE OF ONLINE TOOLS ON IT'S YOUR LIFE – WELLSITE. THESE TOOLS ALLOW YOU TO MANAGE YOUR HEALTH CARE AND LIFESTYLE CHOICES AT WWW.HEALTHNET.COM/STATEOFCT

- **Disease and Condition Centers** – Discover tools, quizzes, updated news, treatment options and prevention techniques for life-threatening conditions like heart disease and cancer, or chronic problems like allergies and back pain.
- **Health Encyclopedia** – Find unbiased, in-depth information regarding symptoms and treatments about your specific area of concern. Contact a Health Coach (by phone or online) to help you understand the information provided or to answer any questions you may have. Use this information to have a more meaningful conversation with your doctor.
- **Treatment Cost Advisor** – Obtain location-specific costs for diagnostic tests, drug categories, inpatient procedures, office visits, and outpatient procedures and treatments.
- **Hospital Comparison Report** – Rank hospitals by cost, outcomes and length of stay. This can help you budget and more accurately plan medical leaves.
- **Health Risk Questionnaire** – Understand your potential health risks and receive suggestions on steps you can take to decrease them.
- **My Health*** – Keep a portable Personal Health Record, including your Health Risk Questionnaire results, and more. This permanent record is completely confidential; however, you may choose to share with your physician as this comprehensive information can help identify any gaps in your health care.

www.healthnet.com/stateofct

The fastest way to get things done.
The easiest way to get more from your health plan.

healthnet.com recieved the Second place Gold award for Best eBusiness Site*



TO INFORM, EMPOWER AND KEEP YOU HEALTHY.



- **Medication Center** – Get up-to-date information about prescription and over-the-counter medications, drug interactions and more.
- **Living Healthy – Wellness Programs** – Create personalized programs for weight management, smoking cessation, nutrition, fitness, and pregnancy.
- **Well Rewards – Member Discounts** – Take advantage of deep discounts on fitness, safety and wellness programs. These include eye exams, fitness clubs, massage therapy and more!
- **News and Features** – Receive personalized health care news based on your interests. You can also choose to enroll in targeted e-newsletters.

Other online tools designed to arm you with information:

- **Compare Plan Costs** – Learn, plan and make complex decisions about health care costs. Enter family demographics, planned health needs, estimated health care services, types of coverage, plan details and cost information for up to three plans at one time.
- **See My Plan** – Get plan details, like who's covered, what's covered, when do you need prior authorization and more.
- **Get Things Done** – Check claims, order ID cards, download forms, contact our Member Advocate team, and use the secure messaging center.

*Health Net stores all Personal Identifiable Information (PII) and Protected Health Information (PHI) on a secure server, and it is treated in accordance with stringent HIPAA regulations. Some data will be used for statistical analysis that will in no way identify individual members.

3 Health Coaches

TO HELP YOU MAKE CONFIDENT DECISIONS ABOUT YOUR HEALTH CARE.

- 83% of users stated that speaking with Decision Power Health Coaches made the quality of care they received from their providers better or much better.*
- 71% of the respondents felt that speaking with a Decision Power Health Coach had improved their ability to manage the condition or health concern for which they were calling.*
- 92% of users would recommend the Decision Power Health Coach Telephone Service.*

*From 2006 Health Net Decision Power member satisfaction survey.

24/7 ACCESS TO A PERSONAL HEALTH COACH

With an average of 10-15 years of clinical experience, you can contact a Health Coach for:

- Health care guidance at any time, day or night
- Information that can help you make the best decision that is right for you
- Assistance and training on how to ask the right questions to maximize your doctor visits

Laura Dechen

Health Net Member and Associate Since 2004:

“One night during my pregnancy, I began vomiting. After several hours with no change, I became concerned. But it was 3:00 am and I didn’t want to wake my doctor. Was I just overreacting? I called the Decision Power 800# on the back of my ID card and Amy, a Health Coach, answered immediately. I explained the situation and Amy helped me determine a course of action that I was most comfortable with. The information provided by Amy, along with her reassuring voice, was invaluable to me. I’m glad I had this resource that night at my fingertips.”



Member Advocates **4**

**TO ADVOCATE FOR YOUR SERVICE NEEDS –
HIGHLY TRAINED PEOPLE WHO LIVE AND
WORK WHERE YOU DO.**

**DO I NEED PRIOR AUTHORIZATION FOR THIS PROCEDURE?
IS THIS DRUG ON THE PREFERRED DRUG LIST?
WHAT'S MY COPAYMENT TO SEE MY DOCTOR?**

WE KNOW YOU HAVE MANY QUESTIONS. AND WE HAVE ANSWERS.

We realize your time is precious, and you don't want to spend it on hold waiting for the answer to your question or getting transferred because no one seems to know the answer.

That's why we've hand-chosen our Member Advocate team. We provide each member advocate with extensive classroom and on-the-job training, along with continued coaching and call monitoring to ensure prompt, accurate, and friendly service.

A dedicated Member Services Advocate for State of Connecticut Employees and Retirees can be reached at 1-800-255-5019, Monday – Friday, 8:00 a.m.– 6:00 p.m., EST.

24-hour self-service member support also available:

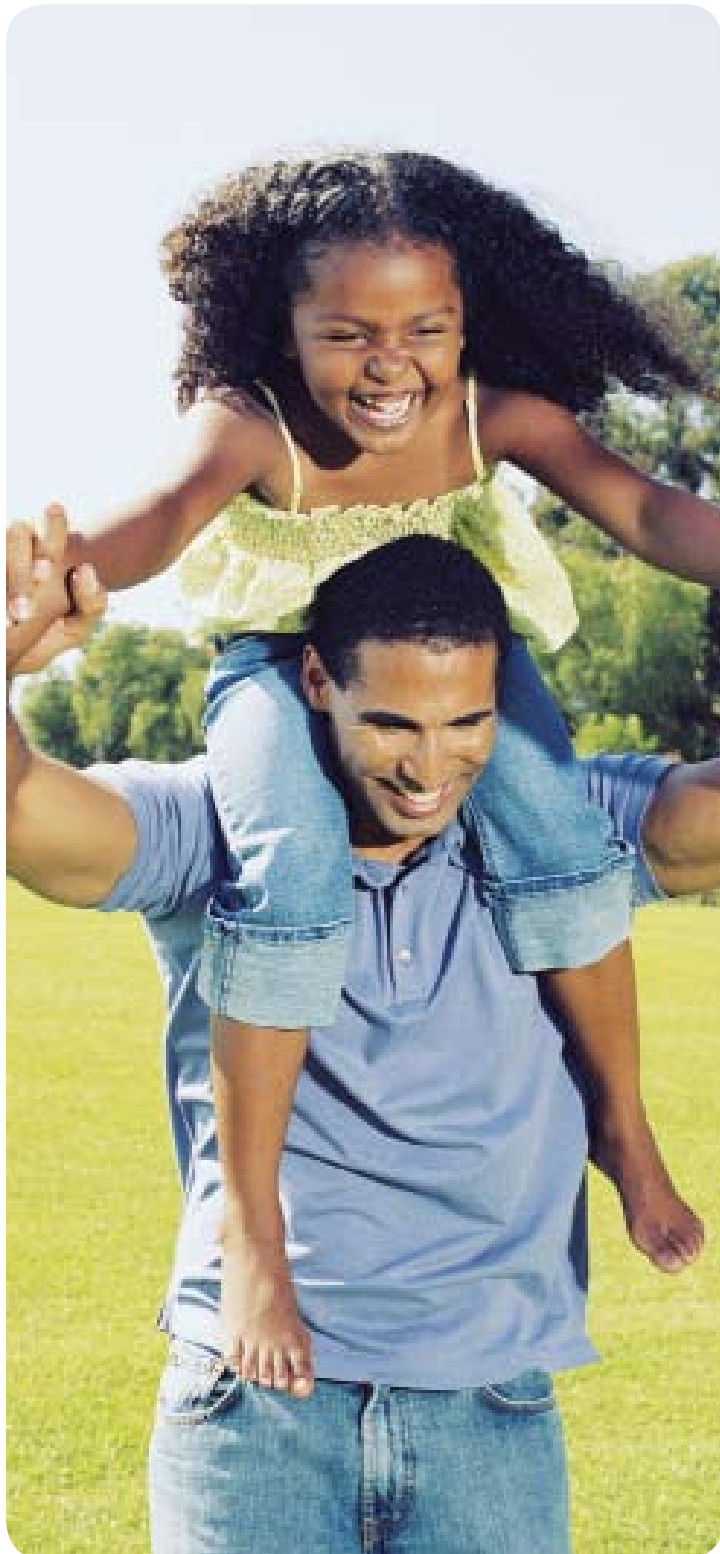
- For your convenience, we also offer 24-hour customer support via the Interactive Voice Response (IVR) unit, which allows callers to do a number of things:
 - Check eligibility/plan information
 - Check copayment information
 - Order ID cards
 - Order an evidence of coverage (EOC) (your plan contract)
 - Request materials, Primary Care Physician changes, or name/ address changes
- Check claims status information
- For 24/7 access to a variety of topics — including how to find a doctor, wellness program discount information, and how to save money on your prescriptions — simply log on to www.healthnet.com/stateofct.

**At Health Net, we strive to answer your call
within 30 seconds!**



5 Quality care initiatives

TO HELP ENSURE THE CARE YOU RECEIVE IS SAFE AND EFFECTIVE.



WHAT IS QUALITY HEALTH CARE? THE INSTITUTE OF MEDICINE DEFINES IT BY SIX ATTRIBUTES —

Safety, Patient-centered (care based on individual needs), **Timely, Effective** (reduce waste), **Efficient and Equitable**.

HOW DOES HEALTH NET OFFER YOU QUALITY HEALTH CARE?

- 1) With programs and initiatives, such as outreach programs (pregnancy, asthma, breast cancer screening, diabetes), education (preventive health guidelines), coordinated support (coordination of medical and behavioral health) and a host of safety and efficiency initiatives.
- 2) By contracting with high-quality physicians, providers, and facilities. Our rigorous credentialing process acts as a way to ensure you receive access to providers who have met certain quality standards. We also have a first-in-the-region program that offers incentives for physicians who demonstrate improvements in quality care, such as those related to preventive care and wellness.

ARE WE DELIVERING?

- **National Committee for Quality Assurance (NCQA):** Effective July 5, 2006, Health Net was awarded an accreditation status of “Excellent” for service and clinical quality to all three of Health Net of the Northeast’s commercial HMO and POS plans. The “Excellent” status, according to NCQA, is reserved for only those plans that meet or exceed NCQA’s rigorous requirements for consumer protection and quality improvement and deliver excellent clinical care.
- **US News and World Report:** In November of 2006, Health Net of Connecticut was featured in US News and World Report’s America’s Best Health Plans, where it ranked as the 6th best health plan in the United States. Commercial health plans were evaluated in four major categories: access to care, member satisfaction, and effective delivery of preventive services and treatment. Health Net of New Jersey and Health Net of New York also ranked within the top 100 health plans across the country.
- **Barron’s:** In May of 2007, Barron’s, a renowned weekly financial newspaper, published its annual Barron’s 500 list and Health Net rose sharply in the rankings, moving to 34th position from 380th in 2006. The Barron’s 500 seeks to identify the best U.S. and Canadian companies in terms of stock market performance, earnings and cash flow returns on investment.

Privacy Practices

PRIVACY PRACTICES

Once you become a Health Net member, Health Net uses and discloses a member's protected health information only for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access a copy of their record, to request an amendment to an incorrect record, to restrict access to a member's record based on the criteria established by the member, and a to request an accounting of disclosures of their protected health information for reasons outside of treatment, payment or health care operations or disclosures pursuant to an authorization; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases, such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net.

Health Net protects oral, written, and electronic information across the organization by using reasonable and appropriate security safeguards. These safeguards include limiting access to an individual's protected health information to only those who have a need to know in order to perform payment, treatment, health care operations, or where permitted or required by law. Health Net releases protected health information to a plan sponsor for administration of self-funded plans but does not release protected health information to plan sponsors/employers for insured products unless the plan sponsor is performing a payment of health care operation function for the plan.

You can find the entire Notice of Privacy Practices and Web Privacy Policy on the Health Net website at www.healthnet.com/stateofct. A hard copy of the Notice of Privacy Practices can be obtained by calling the Dedicated Member Services line for State of Connecticut Employees and Retirees 1-800-255-5019.

Deciphering the lingo

EVER WONDER WHAT ALL THOSE “INSURANCE TERMS” MEAN? HERE WE TRY TO PUT SOME OF THEM IN LANGUAGE YOU CAN UNDERSTAND. IT’S ONE THING TO HAVE BENEFITS; IT’S ANOTHER TO UNDERSTAND THEM.

WHAT IS A “DEDUCTIBLE”?

This is the amount you pay for covered services before Health Net begins to pay. If you have a deductible, it’s listed on your Summary of Benefits and in your Evidence of Coverage. Routine care services, such as annual check-ups, screenings and immunizations, are usually covered right away without having to meet the deductible amount first.

WHAT IS A “COPAYMENT”?

This is a fixed dollar amount that you pay for some services when you receive care. For example, if you have a \$20 office visit copayment, you pay \$20 when you see your doctor. Copayments are listed on your Summary of Benefits.

WHAT IS “COINSURANCE”?

This is a percentage of medical costs that you can pay for covered services. If you have coinsurance, it’s listed on your Summary of Benefits.

Example: How it works, using 20% coinsurance:

Health Net usual, customary and reasonable (UCR) amount per service: \$100
Coinsurance: 20%
You pay: \$20 | Health Net pays: \$80

For plans that cover services for providers outside the Health Net network, we will determine your coinsurance based on Health Net’s UCR (usual, customary and reasonable charge). You are responsible for the coinsurance as well as for amounts over and above the UCR.

WHAT IS AN “OUT-OF-POCKET MAXIMUM”?

Certain benefits limit the amount you are required to pay. This is called your Out-of-Pocket Maximum. Once you reach this limit, you will have no additional out-of-pocket charges for these services for the rest of the plan year.

WHAT IS “UTILIZATION MANAGEMENT”?

Utilization management is an important component of health care management, in which services provided to our members, by our providers, are continuously evaluated to maintain the provider commitment to Health Net’s quality and medical management standards.

WHAT’S INCLUDED IN UTILIZATION MANAGEMENT?

- **Prior Authorization** — Certain services may require authorization first from Health Net. Evidence-based criteria are used to evaluate whether or not the procedure is medically necessary and planned for the appropriate setting (e.g., inpatient, ambulatory surgery, etc.).
- **Concurrent Review and Discharge Planning** — Health Net nurses and doctors follow a member’s progress on a concurrent basis during inpatient hospitalizations. This process includes working with the hospital to plan for a safe discharge in conjunction with the physician’s discharge orders and authorizing post-hospital services when needed.
- **Care or Case Management** — Nurse care managers provide assistance, education and guidance to members (and their families) through major acute and/or chronic long-term health problems. The care managers work closely with members, their doctors, and community resources.
- **Retrospective Review** — Health Net nurses and doctors may assess the appropriateness of medical services on a case-by-case basis after the services have been provided. Review is usually performed on cases for which authorization was required but not obtained. For more information regarding Health Net’s utilization management process, please call our Member Advocates team at 1-800-441-5741.

WHAT IS EMERGENCY COVERAGE?

As defined by Health Net, an emergency is generally a sudden, serious and unexpected illness, injury or condition, including severe pain, which a reasonable person with an average knowledge of health and medicine would believe requires immediate medical attention. Urgent care is a situation that is urgent, but is not life threatening, such as an extremely high fever. As a Health Net member, you are covered* for emergency and urgent care by any licensed physician and licensed hospital.**

* See your plan Summary of Benefits for more details.

** Health Net Passport plan members should contact their physician group prior to or within 48 hours of first seeking care, or as soon as possible.

Enrolling in Health Net is as easy as 1-2-3!

- 1** Make sure you review all of the materials provided in the packet, including the Summary of Benefits.
- 2** Call us at 1-800-255-5019, Monday – Friday, 8:00 a.m. – 6:00 p.m. EST if you have any questions. We'll be happy to help!
- 3** Fill out the application provided by the state and follow the instructions given.

Whatever you're looking for – affordability, broad benefit coverage, choice in doctors, or wellness programs to keep you and your family healthy – you'll find it at Health Net.



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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. Decision Power is part of Health Net's Medicare Advantage benefit plans (except in Connecticut, New Jersey and New York) 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 the above listed Health Net companies.

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NCQA has awarded an accreditation status of Excellent for service and clinical quality to all three of Health Net of the Northeast's commercial lines of HMO and POS products (NY, NJ and CT).

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