



Health Net of the Northeast, Inc.  
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**Health Net®**

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**IMPORTANT: PRIOR AUTHORIZATION REQUIRED FOR CERTAIN MEDICAL SERVICES**

Dear Health Plan Member,

Enclosed is the list of medical services that require Prior Authorization, effective July 1, 2008. Prior authorization is the process, described in your Evidence of Coverage, by which you or your physician request Health Net's authorization before receiving certain medical services or prescriptions.

Health Net reviews and changes its prior authorization list periodically, so please review the list carefully and read the information below to understand whether you are responsible for obtaining any required prior authorization. You can also find this list by logging on to [www.healthnet.com](http://www.healthnet.com) or by calling the number on the back of your Health Net ID card.

**Who is responsible for obtaining the authorization?**

**If you use participating physicians and providers**, there is nothing you need to do. It is the responsibility of your provider to obtain the prior authorization for all applicable medical services before the procedure is performed, the medication is obtained, or your health care provider administers the medication. Participating physicians and providers have received information on how this process works.

**If you use out-of-network physicians or providers, including First Health providers**, you are responsible for obtaining all required prior authorization for medical services before the procedure is performed, the medication is obtained, or your health care provider administers the medication. **If you do not obtain prior authorization, the reimbursement for your claim may be denied or reduced.** You pay less when you use a participating physician or provider because there are no additional costs to pay for covered services, other than applicable copayments, coinsurance or deductibles.

The reimbursement for any out-of-network covered service is subject to all terms of your Evidence of Coverage/Summary Plan Description, including deductibles, coinsurance and charges not covered by Health Net. Out-of-network providers may not waive these fees. For most plans, Health Net pays a percentage of the usual, customary and reasonable charge (UCR) described in your Evidence of Coverage. You are required to pay the percentage of UCR specified in your plan, as well as all charges billed that exceed the UCR. If you are considering using an out-of-network provider, you may want to ask the provider what their charges will be for a certain service before you obtain that service.

If you have questions, please speak with your physician or call the number on the back of your Health Net ID card. We value your membership and are here to help in any way we can.

Respectfully,

Dr. Anju Sikka  
Medical Director  
Health Net of the Northeast, Inc.