

University of California

UC Blue & Gold HMO

Frequently Asked Questions
2019 Open Enrollment



The UC Blue & Gold HMO is administered by Health Net of California, Inc. (Health Net). We created this Q&A to give you answers to some of the most popular questions about the UC Blue & Gold HMO plan for 2019.

UC Blue & Gold HMO basics

Q What changes can I expect on January 1, 2019?

A There are a few changes and enhancements coming on January 1:

- The plan has a new name: UC Blue & Gold HMO.
- Health Net is offering a new telehealth provider, Teladoc, for medical and behavioral health services anywhere in the U.S.
- Behavioral health benefits will transition from Optum to Managed Health Network (MHN) for more seamless care.
- You can access care through MinuteClinic locations, generally found inside select CVS Pharmacy stores.
- If you need benefit guidance, call a Health Benefit Navigator – Health Net’s Customer Service team dedicated to UC plan members.

For more details, please read below.

Q Why are we changing the Blue & Gold plan name?

A The University of California made the decision to change the name of the plan to UC Blue & Gold HMO beginning on January 1, 2019, reflecting the custom Health Net provider network and benefit design of this plan. This is UC’s HMO plan created specifically for UC faculty, staff and non-Medicare retirees and will continue to be administered by Health Net.

Q What are Health Benefit Navigators?

A This is a team of experienced Health Net Customer Service representatives, dedicated to UC with extensive training on UC plans. . Representatives receive detailed training based on specific plan areas, so you will speak with someone familiar with your plan and your community. You’ll enjoy newly expanded hours of operation; Monday through Friday, 8 a.m.–8 p.m. Pacific time (PT). You can reach a Health Benefit Navigator at **1-800-539-4072**.

Q Why should I join UC Blue & Gold HMO?

A We designed UC Blue & Gold HMO to make health care easy:

1. No deductible on covered services.
2. Fixed copayments for services.
3. Access to care through Teladoc telehealth services, anywhere in the U.S.

4. Low out-of-pocket maximum of \$1,000 per person/\$3,000 per family (includes medical, behavioral health and prescription drugs).
5. Your choice of thousands of providers within the UC Blue & Gold HMO Network. There's a good chance that your doctor is already in the network. If not, we'll help you find a quality physician to meet your needs.
6. A primary care physician (PCP) to coordinate your care.
7. After-hours care and urgent care centers that offer convenience and lower copayments than emergency rooms.
8. Access to award-winning wellness programs to help you achieve positive, lasting changes.

When it comes to your health, experience matters. Health Net has been serving UC members for over 35 years.

Q Will I be getting a new ID card?

A Yes. You and each covered dependent will get a separate ID card in the mail prior to January 1. Your card will display your medical, behavioral health and prescription drug coverage, as well as your selected primary care physician. Remember to replace your old card with your new one.

You and each adult dependent will also receive an ID card from Teladoc, our new telehealth vendor. Be sure to set up your Teladoc account once you receive your ID card.

About the UC Blue & Gold HMO Network

Q What makes the UC Blue & Gold HMO Network special?

A The University worked closely with Health Net to establish criteria for the UC Blue & Gold HMO Network. Affordability was a key factor, but other factors included:

- Offering access in 30 California counties.
- Incorporating the largest possible number of doctors currently caring for UC employees, non-Medicare retirees and their families into the network.
- Participation from all the University of California medical groups and centers.

Q Are there changes to the UC Blue & Gold HMO Network for 2019?

A Yes. Sutter Health joins the UC Blue & Gold HMO Network for 2019. Health Net and Sutter Health have reached an agreement to add Sutter Gould physicians to the UC Blue & Gold network beginning January 1, 2019. This addition includes over 200+ primary care physicians and 500+ specialists working with the following participating physician groups (PPGs):

- Sutter Gould Medical Foundation (Stanislaus County)

- Central Valley Medical Group (Stanislaus County)
- Sutter Gould Medical Foundation – Los Banos (Merced County)
- Sutter Gould Medical Foundation – San Joaquin (San Joaquin County)

Q Where can I find a full list of doctors in the UC Blue & Gold HMO network?

A For a complete listing of available doctors, behavioral health providers, medical groups, and hospitals in the Blue & Gold HMO Network, visit www.healthnet.com/uc and click *Find a Doctor* to begin your search.

You can also call the Health Benefit Navigator team at 1-800-539-4072, Monday through Friday, 8 a.m.–8 p.m. PT. The team is dedicated to UC members and can help you find the right doctors or medical groups for your needs.

Q Are the UC medical groups and medical centers included in the UC Blue & Gold HMO Network?

A Yes, all UC medical groups and medical centers are included in the UC Blue & Gold HMO Network.

You have your choice of medical groups near where you live or work – including all the UC medical centers and physician groups.

UC Blue & Gold HMO Behavioral Health Benefits

Q Why are behavioral health benefits changing to MHN?

A Health Net’s behavioral health subsidiary, Managed Health Network (MHN), will replace Optum Behavioral Health as the administrator of UC Blue & Gold HMO’s behavioral health benefits, effective January 1, 2019.

This move provides the opportunity to integrate behavioral health with the medical and pharmacy benefits under one health plan (Health Net) and provides a more holistic approach for the care that a member receives.

MHN will continue as the behavioral health benefit administrator for Health Net Seniority Plus.

Q Who’s affected by this change?

A Members covered by the UC Blue & Gold HMO plan administered by Health Net.

Q When is the change effective?

A The transition from Optum to MHN will be effective January 1, 2019.

Q Will there be any behavioral health benefit changes for UC Blue & Gold HMO?

A The benefits effective January 1, 2019 will be equivalent to or, for some outpatient services, richer than the current Optum benefits. Please refer to the Evidence of Coverage booklet at www.healthnet.com/uc for more details.

Q How can I find out if my provider is in the MHN network?

A Many providers contracted with Optum are also part of the MHN network. To find out if your participating counselor, psychologist or psychiatrist is contracted:

- You can visit www.healthnet.com/uc and click on *Behavioral Health – MHN*, or
- Contact MHN at 1-800-663-9355, Monday through Friday, 8:00 a.m. to 8:00 p.m. PT.

Q What if my provider is not part of the MHN network?

A If you want to continue seeing your provider after January 1, 2019, you should speak with your provider about joining the MHN network.

MHN is accepting new providers into the network; providers interested in contracting with MHN may contact MHN Provider Relations at Professional.Relations@healthnet.com.

You may nominate your provider directly by filling out the Join the Network form, which can be accessed by visiting: www.healthnet.com/uc and clicking on *Behavioral Health – MHN*.

Q What if my provider doesn't join the MHN network?

A If your provider does not join the MHN network by January 1, you can request continuity of care. Continuity of care benefits are available to allow members to complete treatment for a period of time or allow providers time to join the MHN network. MHN will attempt to negotiate a Single Case Agreement (SCA) with the provider. If we are unsuccessful with a SCA, you will be asked to transition to an in-network provider.

Q How do I request continuity of care?

A You should call our MHN Customer Service team after January 1, 2019, at **1-800-663-9355**, Monday through Friday, 8:00 a.m. to 8:00 p.m. PT to request continuity of care if you or a covered family member is receiving outpatient behavioral health services and your provider is not in the network.

Q What happens if my provider is in the process of contracting with MHN but does not complete the process prior to January 1, 2019? Does this mean my visits with my provider are not considered covered?

A Visits with your provider would be covered if your provider agrees to begin the contract on January 1, 2019. Most providers will agree to backdate their contract to January 1.

Q How long can I receive care under continuity of care benefits and can my care be extended?

A Continuity of care benefits are coordinated by a care manager who will carefully review your individual situation and arrange for continuity of care and/or transition your medically-appropriate care to an MHN participating provider.

Q When will I know if my request for continuity of care has been approved?

A MHN will review your request for continuity of care within 5 business days. You will receive a phone call with the outcome of the continuity of care process when MHN has contacted your provider and an agreement is complete. The time frame for this can vary, depending on provider availability and other factors.

Q Can my provider request continuity of care with MHN?

A Yes, you or your provider may request continuity of care from the MHN Customer Service team after January 1, 2019, at **1-800-663-9355**, Monday through Friday, 8:00 a.m. to 8:00 p.m. PT.

Q When do I need to have behavioral health services authorized?

A MHN requires preauthorization for the following:

- Psychological and neurological testing.
- Treatment that is more intense than outpatient visits but does not require an overnight stay (referred to as “alternate levels of care”).
- Treatment at a hospital or other overnight care facility (referred to as “inpatient treatment”), except in an emergency. (If you need emergency inpatient treatment, you or a family member or your doctor or hospital must call MHN within 24 hours of admission. We’ll make sure that your benefits are in place and assign a case manager to offer support.)

For these services, MHN reviews the proposed treatment before you receive care.

Preauthorization is not needed for outpatient behavioral health visits. If you have questions about whether or not you need preauthorization, please call MHN prior to scheduling treatment. For more information about preauthorization processes, go to www.healthnet.com/uc and click on *Behavioral Health – MHN*.

Q What do I do if MHN denies my preauthorization request?

A If MHN is unable to approve services, we will send you a letter clearly explaining the reason for denial.

As a member, you have the right to appeal denial decisions. Please contact the MHN Customer Service team at **1-800-663-9355**, Monday through Friday, 8:00 a.m. to 8:00 p.m. PT.

Q What is a Telepsychiatrist? Does MHN have any in the network?

A Telepsychiatry involves providing a range of services including psychiatric evaluations, therapy, patient education, and medication management through videoconferencing. If you are interested in telepsychiatry, you can ask about participating providers in the MHN network by calling the MHN Customer Service team at **1-800-663-9355**, Monday through Friday, 8:00 a.m. to 8:00 p.m. PT.

2019 Plan Enhancements

Q Are there any enhancements to the plan this year?

A Yes. Health Net will now be offering you a new convenient care option through MinuteClinic. With access to locations inside select CVS Pharmacy stores throughout 33 states, open 7 days a week, you now have more options for care when you just can't get to your primary care physician.

MinuteClinic providers can evaluate your symptoms and come up with a treatment plan, and even write prescriptions, when needed – all on a walk-in basis, at a \$20 copayment (\$0 if preventive)!

Covered services and conditions include:

- Allergies
- Coughs and bronchitis
- Ear infections and earaches
- Flu-like symptoms
- Heartburn and indigestion
- Minor burns
- Sprains, strains and joint pain
- Screenings and monitoring
- Skin conditions
- Travel health

To find a MinuteClinic location near you, go to www.minuteclinic.com.

Q What about doctor visits by phone or video?

A Yes. UC Blue & Gold HMO includes a telehealth benefit through Health Net's new provider, Teladoc. Telehealth services will transition from MDLIVE to Teladoc effective January 1, 2019. Speak to a U.S. board-certified doctor, psychiatrist, psychologist, or licensed clinical social worker by web, phone or mobile app 24/7 – all for \$0 copayment!

Use Teladoc instead of the ER or urgent care for non-emergency issues such as:

- Cold and flu
- Sore throat
- Bronchitis
- Allergies
- Pinkeye
- Urinary tract infection
- Behavioral health issues

Teladoc has a national network of board-certified physicians and behavioral health specialists, who can diagnose, treat and write prescriptions for routine medical conditions, making health care more accessible, affordable and convenient for you.

Q How do I sign up for Teladoc?

A There are two ways to set up your Teladoc account. By doing so on or after January 1, 2019, you will be ready to quickly connect with a doctor when you need care.

- Visit www.teladoc.com/uc > *Set up your account*, or
- Call **1-800-835-2362** (this telephone number will also be printed on your new ID card)

Telehealth does not replace your primary care physician, but if you are considering the use of an urgent care center or emergency room for treatment of a non-emergency illness or injury, you should consider Teladoc.

Q If I have more questions, where is the best place to get more information?

A The best place to get more information about what Health Net offers is our website just for UC members – www.healthnet.com/uc or email Askblue&gold@healthnet.com. Emails are responded to within 24 hours, Monday through Friday.

To speak to a dedicated UC Customer Service representative about benefit questions or what’s changing for 2019, call our Health Benefit Navigator team Monday through Friday, 8 a.m.–8 p.m. PT at **1-800-539-4072**. For behavioral health questions, call MHN at **1-800-633-9355**. Both centers are available 8:00 a.m. to 8:00 p.m. PT.

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