

Exceptions Process

The exception process ensures that you have access to prescription drugs you need, is unique to the drug benefit. It provides a straightforward process for you to obtain a covered Part D drug at a more favorable cost-sharing level or obtain a Part D drug that is not on CarePlus Health Plans, Inc. formulary. Members may request an exception under the following circumstances:

- The member is using a drug covered on the CPHP formulary that has been removed during plan year for reasons other than safety;
- The member's physician prescribed a non-formulary drug for the member that the physician believes is medically necessary;
- The member is using a drug that has been moved during the plan year from the preferred to the non-preferred cost sharing tier; or
- The member's physician prescribed a drug for the member that is included in CarePlus Health Plans, Inc.'s more expensive cost sharing tier because the prescribing physician believes the drug included in the less expensive cost sharing tier is medically inappropriate for the member.

What are appeals and grievances?

You have the right to make a complaint if you have concerns or problems related to your coverage or care. "Appeals" and "grievances" are the two different types of complaints you can make.

- An "**appeal**" is the type of complaint you make when you want us to reconsider and change a decision we have made about what services or benefits are covered for you or what we will pay for a service or benefit. For example, if we refuse to cover or pay for services you think we should cover, you can file an appeal. If CarePlus Health Plans, Inc. or one of our plan providers refuse to give you a service you think should be covered, you can file an appeal.

You would file an appeal when you have problems getting the prescription drugs you believe we should provide. We use the word "provide" in a general way to include such things as authorizing prescription drugs, paying for prescription drugs, or continuing to provide a Part D prescription drug that you have been getting. Problems getting a Part D prescription drug that you believe we should provide include the following situations:

- If you are not getting a prescription drug that you believe may be covered by CarePlus Health Plans, Inc.
- If you have received a Part D prescription drug you believe may be covered by CarePlus Health Plans, Inc. while you were a member, but we have refused to pay for the drug.

- If we will not provide or pay for a Part D prescription drug that your doctor has prescribed for you because it is not on our formulary.
- If you disagree with the amount that we require you to pay for a Part D prescription drug that your doctor has prescribed for you.
- If you are being told that coverage for a Part D prescription drug that you been getting will be reduced or stopped.
- If there is a requirement that you try another drug before we pay for the drug your doctor prescribed, or if there is a limit on the quantity (or dose) of the drug and you disagree with the requirement or dosage limitation.
- A “**grievance**” is the type of complaint you make if you have any other type of problem with CarePlus Health Plans, Inc. or one of our plan providers.

For example, you would file a grievance if you have a problem with things such as:

- The quality of your care
- Waiting times for appointments, in the waiting room or in network pharmacies
- The way your doctors or others behave
- Being able to reach someone by phone or get the information you need
- The cleanliness or condition of the doctor’s office, clinics, network pharmacies or hospitals
- CarePlus Health Plans, Inc.’s decision not to expedite a request for an appeal
- CarePlus Health Plans, Inc.’s decision not to extend an appeal beyond the required time frame (applicable only to Part D)

For more information on how to file a request for an exception, grievance or appeal, please contact CarePlus Health Plans, Inc.’s Member Services Department at 1-800-794-5907. We are open 7 days a week, from 8:00 am to 8:00 pm. However, from March 2, 2010, until the following Annual Election Period (AEP), you may leave us a voice message after hours, Saturday, Sundays and holidays and we will return your call the next business day.