

# Health Net Pharmacy Benefits

No deductible (\$5/\$25/\$50)

**SALUD Y MÁS - ADVANCED CHOICE**

## SIMNSA participating pharmacy

Benefit description	Member responsibility
<b>Drugs dispensed by SIMNSA</b>	\$5
<b>Deductible</b> – Brand drugs	N/A
<b>Out-of-pocket maximum</b>	Per calendar year, combined with the medical out-of-pocket maximum

## Health Net participating pharmacy

Benefit description	Member responsibility
<b>Tier 1</b> – Generic Drugs listed on the Health Net formulary (primarily generic)	\$5
<b>Tier 2 – Brand, preferred</b> Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	\$25
<b>Tier 3</b> – Drugs include non-preferred Brand Name Drugs, Brand Name Drugs with a generic equivalent (when Medically Necessary), drugs listed as Tier 3 in the Formulary, drugs indicated as “NF”, if approved, or drugs not listed in the Formulary.	\$50
<b>Specialty Tier</b> – High-cost drugs used to treat complex medical conditions	30% (\$250 max)
<b>Deductible</b> – Brand drugs	\$0
<b>Out-of-pocket maximum</b>	Per calendar year, combined with the medical out-of-pocket maximum

## Mail order convenience

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through our convenient and cost-saving mail order pharmacy program. Under this program, your copayments for up to a 90-day supply are:

Benefit level	SIMNSA participating pharmacy	Health Net participating pharmacy
<b>Tier 1 – Generic</b>	N/A	\$10
<b>Tier 2 – Brand, preferred</b>	N/A	\$62.50
<b>Tier 3 –Non-formulary</b>	N/A	\$125

To find a pharmacy in California, log on to our website at [healthnet.com](http://healthnet.com) > *My Pharmacy Benefits* > *Find a Pharmacy Near Me* or call the Health Net Customer Contact Center at **800-522-0088**. Members residing in Mexico, please contact SIMNSA for a complete list of participating pharmacies at (664) 683-29-02 or 683-30-05.

**This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Evidence of Coverage for all terms and conditions of coverage.**

## Generic substitutions

Generic drugs will be dispensed when a generic drug equivalent is available. Health Net will cover brand-name drugs that have generic equivalents only when the brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, subject to copayment requirements described in the member's Schedule of Benefits.

## The Health Net Formulary

The Health Net Formulary is the approved listing of medications covered for illnesses and conditions. It was developed to identify the safest and most effective medications for Health Net members while maintaining affordable pharmacy benefits. Some drugs on the list may require prior authorization from Health Net. For a copy of the Health Net formulary, please visit our website at [www.healthnet.com](http://www.healthnet.com) or call the Customer Contact Center at 1-800-522-0088.

## The SIMNSA Formulary

The SIMNSA formulary is applicable to drugs prescribed by a SIMNSA provider in Mexico and purchased at a SIMNSA participating pharmacy. For information regarding SIMNSA's formulary, please contact SIMNSA at (664) 683-29-02 or 683-30-05.

## Drugs not on the SIMNSA Formulary

Drugs that are not listed on the SIMNSA Formulary are not covered for members residing in Mexico.

## Health Net's Nondiscrimination Notice

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