



# Health Net Pharmacy Benefits

**\$100 deductible (\$10/\$30/\$55)**

PLAN APPLIES TO THE FOLLOWING NETWORKS: FULL NETWORK  
EOA, EXCELCARE EOA

| Benefits and coverage            | Description   | Member responsibility |
|----------------------------------|---|-----------------------|
| <b>Tier 1 – Generic</b>          | Drugs listed on the Health Net formulary (primarily generic)  | \$10                  |
| <b>Tier 2 – Brand, preferred</b> | Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)   | \$30                  |
| <b>Tier 3 – Non-formulary</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. | \$55                  |
| <b>Specialty Tier</b>            | High-cost drugs used to treat complex medical conditions  | 30% (\$250 max)       |
| <b>Deductible</b>                | Brand drugs   | \$100                 |
| <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                    | Member responsibility |
|----------------------------------|-----------------------|
| <b>Tier 1 – Generic</b>          | \$20                  |
| <b>Tier 2 – Brand, preferred</b> | \$75                  |
| <b>Tier 3 – Non-formulary</b>    | \$137.50              |

For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > **My Pharmacy Benefits > Mail Order Pharmacy** or call Member Services at 800-676-6976.

## 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.

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.

## [Health Net’s Nondiscrimination Notice](#)