

# Health Net Pharmacy Benefits

\$100 deductible (\$15/\$35/\$60)

PPO

Benefit Description	Participating pharmacy – member responsibility	Nonparticipating pharmacy – member responsibility
<b>Tier 1</b> – Drugs listed on the Health Net formulary (primarily generic)	\$15	\$15 + 50% AWP (\$250 max)
<b>Tier 2</b> – Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	\$35	\$35 + 50% AWP (\$250 max)
<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.	\$60	\$60 + 50% AWP (\$250 max)
<b>Specialty Tier</b> – High-cost drugs used to treat complex medical conditions	30% (\$250 max)	Not covered
<b>Deductible</b> – Brand drugs	\$100	
<b>Out-of-pocket maximum</b>	Per calendar year, combined with the medical out-of-pocket maximum	

Weight loss medication benefit coverage varies by plan. Please refer to the *Evidence of Coverage*.

## 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>	\$30
<b>Tier 2 – Brand, preferred</b>	\$87.50
<b>Tier 3 –Non-formulary</b>	\$150

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.**

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