

# Health Net Pharmacy Benefits

\$1,750 deductible (0%/0%/0%)

HSA-Compatible PPO

| Benefit Description                                                                                                                                                                                                                                       | Participating pharmacy – member responsibility                                                                                                    | Nonparticipating pharmacy – member responsibility |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Tier 1</b> – Drugs listed on the Health Net formulary (primarily generic)                                                                                                                                                                              | \$0                                                                                                                                               | 50% AWP (\$250 max)                               |
| <b>Tier 2</b> – Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)                                                                                                                                 | \$0                                                                                                                                               | 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. | \$0                                                                                                                                               | 50% AWP (\$250 max)                               |
| <b>Specialty Tier</b> – High-cost drugs used to treat complex medical conditions                                                                                                                                                                          | 0                                                                                                                                                 | Not covered                                       |
| <b>Deductible</b> – Brand drugs                                                                                                                                                                                                                           | \$1,750 deductible per member per calendar year in-network, \$3,500 deductible per member per calendar year out-of-network, combined with medical |                                                   |
| <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>          | \$0                   |
| <b>Tier 2 – Brand, preferred</b> | \$0                   |
| <b>Tier 3 –Non-formulary</b>     | \$0                   |

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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