Large Group

Health Net Pharmacy Benefits

$3,500 deductible ($15/$35/$60)

HSA-Compatible PPO

Benefit Description	Participating pharmacy – member responsibility	Nonparticipating pharmacy – member responsibility
Tier 1 – Drugs listed on the Health Net formulary (primarily generic)	$15	$15 + 50% AWP ($250 max)
Tier 2 – Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	$35	$35 + 50% AWP ($250 max)
Tier 3 – 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)
Specialty Tier – High-cost drugs used to treat complex medical conditions	30% ($250 max)	Not covered
Deductible – Brand drugs	$3,500 deductible per member per calendar year in-network, $7,000 deductible per member per calendar year out-of-network, combined with medical	
Out-of-pocket maximum	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
Tier 1 – Generic	$30
Tier 2 – Brand, preferred	$87.5
Tier 3 –Non-formulary	$150

For complete information, log on as a Health Net member at 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.

1/2027