

# Health Net Pharmacy Benefits

NG plan codes 18K (In-State) and 19K (OOS)

The following is a brief description of your Health Net Pharmacy benefits.

Benefit Level	Description	Participating pharmacy copayment <sup>1</sup>	Non-participating pharmacy copayment <sup>1</sup>
Tier I – Generic	Drugs listed on the Health Net Recommended Drug List (RDL) (primarily generic)	\$0 retail	50% AWP retail
Tier II – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net RDL (primarily brand name)	\$0 retail	50% AWP retail
Tier III – Non-formulary	Drugs not on the Health Net RDL	\$0 retail	50% AWP retail
Deductible	Deductible per member per calendar year combined with medical	\$2,000/\$4,000	
Specialty Tier	High cost drugs used to treat complex medical conditions	0%	Not Covered
Out-of-pocket maximum	Per calendar year, combined with Medical	\$2,000 individual / \$4,000 family	\$4,000 individual / \$8,000 family

## 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: **\$0.00 Tier I / \$0.00 Tier II / \$0.00 Tier III**. For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) or call Member Services at **1-800-676-6976**.

## Generic substitutions

Generic drugs will be dispensed when a generic drug equivalent is commercially available. If you request a brand-name drug when a generic equivalent is commercially available, and “dispense as written” (DAW) or “do not substitute” (DNS) is not written or indicated by your prescribing doctor, you must pay the difference between the generic equivalent and the brand-name drug in addition to the listed copayments or coinsurance. However, if the prescription drug order states “dispense as written,” “do not substitute” or words of similar meaning in the physician’s handwriting, only the listed drug copayment will be applicable.

**This is a brief description of your Health Net pharmacy benefits. Please refer to your Evidence of Coverage to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.**

<sup>1</sup>Effective 8/1/12, some plans will cover most female prescription contraceptives at \$0 cost share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net’s Recommended Drug List (RDL) for coverage, cost share and tier information.



Kim Aung  
Health Net