



Pam White  
Health Net

# Health Net HSA-compatible PPO Pharmacy Benefits

*Plan codes AVA (In-state) and AVB (Out-of-state)*

The following is a brief description of your Health Net HSA-compatible PPO pharmacy benefits after the combined medical pharmacy deductible is met.

### Retail copayments<sup>1</sup>

<i>Drug type</i>	<i>Description</i>	<i>Participating pharmacy copayment</i>	<i>Non-participating pharmacy copayment</i>
Level I – Generic drugs	Drugs listed on the Health Net Recommended Drug List (RDL) (primarily generic)	\$15	\$15 + 50% AWP <sup>2</sup>
Level II – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net RDL (primarily brand name)	\$30	\$30 + 50% AWP <sup>2</sup>
Level III	Drugs not on the Health Net RDL	\$50	\$50 + 50% AWP <sup>2</sup>
Deductible	Per member, per calendar year combined with Medical	\$3,000 individual / \$6,000 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: **\$30 Level I / \$60 Level II / \$100 Level III**. 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 **1-800-676-6976**.

*(continued)*



The Health Net  
Recommended Drug  
List is the approved  
listing of medications.

<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.

<sup>2</sup>When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug's Average Wholesale Price (AWP). You are also obligated to pay any amounts the pharmacy charges in excess of the AWP.

### *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 HSA-compatible PPO pharmacy benefits. Please refer to your Certificate of Insurance to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.**