UNDERSTANDING YOUR HEALTH NET PHARMACY BENEFITS

Learning about your pharmacy benefits can save you time and money





HEALTH NET MAKES USING YOUR NEW PHARMACY PLAN TROUBLE-FREE

Medicine today is complicated. This brochure is designed to help make things simpler by answering some frequently asked questions which will help you get the most out of your pharmacy benefits. See your Evidence of Coverage or Certificate of Insurance for details about your plan benefits.

Ensuring coverage of prescriptions

How can I be sure that a prescription will be covered?

- You can verify your current medication is part of Health Net's Recommended Drug List by visiting www.healthnet.com > Start Here > View Pharmacy Information > Select a Region > View our Drug List
- 2. Ask your doctor if the drug(s) you are taking or he/she is prescribing requires prior authorization.
- 3. If you are new to Health Net, in order to continue coverage of current maintenance medication(s) which require prior authorization from Health Net, you'll need to submit a Prescription Transition form.

What drugs are not considered maintenance medications?

Antibiotics that treat infection, medications used for pain, acute medical conditions or medications that have a specified course of therapy, medications where the physician is titrating the dose for a patient or medications not taken chronically on a daily basis are not considered maintenance drugs.

Transitioning medication and getting Prior Authorization

How do I continue coverage for my current prescriptions once I sign up with Health Net?

Making the transition to Health Net's Pharmacy benefit is an easy one. We have a created a special program to help ensure that if you're taking a maintenance medication which requires Prior Authorization from Health Net, we can transition it into our plans as smoothly as possible.

- 1. Complete the Prescription Transition form for each family member if you have medications that are listed on the form. These drugs require pre-approval by Health Net.
- 2. Fax or mail it to Health Net.

Health Net will use this transition form to enter authorizations for the selected medications in the pharmacy claims processing system. This will allow your maintenance medications to process without requiring any additional authorization.

HELPFUL DEFINITIONS:

Health Net Recommended Drug List (RDL): A list of prescription drugs eligible for coverage. Most prescription drug plans utilize the RDL, sometimes called a Formulary.

Prior authorization: The process of getting approval from Health Net for certain prescriptions before they will be covered.

Maintenance Medication: A maintenance medication is one that you take on a daily and ongoing basis to maintain your health and dosage changes are not likely. Examples of this type of medication are those that you take for blood pressure or cholesterol. **Generic drugs:** The pharmaceutical equivalent of brand name drugs whose patents have expired and are produced by multiple drug companies, usually at a lower cost. Generics are FDA-tested, and approved to meet the same standards of safety and effectiveness as their brand name versions.

Grandfathering: "Grandfathering" is a program that may allow some maintenance medications not on the Health Net Recommended Drug List to be covered without prior approval by the Plan. Grandfathering does not change a copayment or coinsurance.

Pharmacy copayment: The amount you pay for each prescription. This is done at the time you pick up your prescription.

Note: The Prescription Transition form is included in your Open Enrollment kit. You can also download a copy of it from our website at www.healthnet.com > Start Here > View Pharmacy Information > Select a Region > Forms.

Why do some drugs require prior authorization?

Prior authorization is a patient safety program to ensure members get the safest mediations with the best value and are approved by the Federal Drug Administration (FDA). Medications selected for prior authorization are based on at least one of the following criteria:

- Have a high potential for abuse
- Require laboratory tests/monitoring for safety reasons
- Are part of a step-care guideline
- Used for indications not approved by the FDA or Health Net
- Has high potential for "off-label" or experimental use
- Benefit exclusions or limitation may apply

How do I obtain a prior authorization for medication on the Recommended Drug List?

Your pharmacy will contact your physician and offer alternative medications covered by Health Net or will ask the physician to call us at (800) 548-5524¹ to request coverage for the medication. This is a common practice and pharmacies and physicians are very aware of the process.

My pharmacist tells me my medication is not covered or requires prior authorization, what should I do?

If you are new to Health Net, first inform the pharmacy of your new insurance under Health Net. The pharmacy must change their computer system to send the prescription to the correct insurance company. If you have been on a specific medication for a long period of time and the pharmacist informs you that you're not covered or the drug requires prior authorization, he or she can call Health Net at (800) 548-5524¹ and advise us of the situation. In most cases we will approve the medication immediately. There are some drugs that are specifically limited or excluded from coverage – refer to your Plan documents for specific information.

Filling prescriptions at the best price

Where can I get prescriptions filled?

We contract with most major supermarket-based pharmacies and privately owned pharmacies in California, as well as all major chains throughout the United States. Purchasing covered drugs at a Health Net participating pharmacy ensures that you receive the highest available benefits for prescription drugs under your plan. If you use a non-contracted pharmacy, you may not have coverage. To find a Health Net pharmacy, log on to www.healthnet.com > *Start Here > View Pharmacy Information >Select a Region > Find A Pharmacy*.

WHAT DO I HAVE TO PAY?

If your benefit includes **two tiers** of copayments and...

YOUR PRESCRIPTION IS FOR	YOU PAY
Generic drugs on the RDL	The lowest copayment (Tier I)
Brand name drugs on the RDL	The highest copayment (Tier II)

If your benefit includes **three tiers** of copayments and...

YOUR PRESCRIPTION IS FOR	YOU PAY
--------------------------	---------

Generic drugs on the RDL	The lowest copayment (Tier I)
Brand name drugs on the RDL	The middle copayment (Tier II)
A drug (Brand or Generic) not on the RDL	The highest copayment (Tier III)

Note: The required copayment for certain drugs does not follow the guidelines listed above. Consult your EOC/COI for copayment requirements for certain specified drugs.

Tier I and Tier II drugs can be generic or brand name, and some may require prior authorization from Health Net in order to be covered. Tier III drugs are considered **not** on the Health Net Recommended Drug List.

¹This telephone number is for physicians and pharmacies only. If the prior authorization request is phoned in, then an answer is given immediately in most cases. If the request comes in by fax, then an answer is provided within 24-72 hours depending on the urgency of the request.

How do I get my prescription at the best price?

- 1. Ask your doctor or pharmacist if your prescribed medication is on our RDL, or if there is an alternative that is covered.
- 2. If it is a brand name drug, ask if there is a generic alternative you can use.
- 3. Sign up for the Prescriptions by Mail program for your ongoing (maintenance) prescriptions.
- 4. Purchase covered drugs at a participating pharmacy.

You may pay a higher price if:

- Your prescription drug benefits include a deductible, which is the amount you must pay before the plan begins to cover your prescriptions. If this applies to you, you will owe the pharmacist the full cost for prescriptions until your deductible is met.
- You request a brand name drug when a generic version is available.

What is the Prescriptions by Mail drug program?

The Prescriptions By Mail Drug Program gives you the convenience of home delivery for maintenance medications (drugs used on a daily basis), and it saves you money! You will usually pay a two-month copayment for a three-month supply. You can obtain a Prescription by Mail Drug Program brochure by:

- Logging on to www.healthnet.com > View Prescription Coverage > Pharmacy Forms (claims, pharmacy and more).
- Calling the Customer Contact Center at the number on the back of your Health Net ID card.

Prescription tips when traveling

What about my prescriptions when I'm traveling?

Before you leave for vacation, be sure to pack all maintenance medication (medication which is required on a daily basis), your Health Net ID card, a pharmacy claim form and your doctor's phone number.

Prior to your departure:

- 1. Use the prescription by mail program, which allows you to purchase up to three months of medication at one time for the price of two.
- 2. If purchasing your prescriptions from your local pharmacy call Health Net's Customer Contact Center and request a vacation override on your prescription. This will allow you to get up to two months of your medications filled at one time.

If you are on vacation within the United States and need to obtain a refill of your prescription call Health Net's Customer Contact Center for the name of a participating pharmacy in the area. When getting your prescription filled, show your Health Net ID card and you'll pay the same copayment you pay at home – with no claim form required. The pharmacist may need to contact your physician before refilling.

If you are traveling and get a prescription filled at a non-participating pharmacy for an urgent or emergent medical condition within the United States, make sure you have a prescription claim form with you. Both you and the pharmacist must complete part of the form. When you return home from your trip, submit the form to Health Net.

Contact us

The Health Net Customer Contact Center is always available to answer your questions. Call the phone number listed on the back of your ID card.