

Pharmacy Benefits

Member Guide

Optimizing your pharmacy benefits for a healthier you



Health Net®

Understanding Your Health Net Pharmacy Benefits



We're making it easy for you to understand your Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net) pharmacy benefit coverage and important cost-saving options. Not all plans are the same. Be sure to refer to your coverage documents¹ for details about your specific plan.

Tiered benefit plans

Health Net's three- and four-tier plans give you both generic and brand-name prescription drug coverage. You get easy-to-use pharmacy programs that offer the convenience you want with the value you're looking for.

Coverage on some drugs may not follow the generic and brand tier system. In addition to detailed tier information, please refer to your plan documents¹ and Health Net's Preferred Drug List (PDL) for coverage and cost-share information.

Some plans may also have a Specialty Tier which is covered under the pharmacy benefit. Most Specialty Tier drugs require prior authorization and are usually provided by a specialty pharmacy contracted by Health Net. Please consult your plan documents¹ to determine whether your pharmacy benefit includes the Specialty Tier. Also see the PDL and Specialty Tier drug list by logging in to **www.healthnet.com** for coverage details.

Some plans will cover most female prescription contraceptives and other preventive medications at \$0 cost-share.¹



¹The Evidence of Coverage (EOC) is a legal binding document. If the information in this brochure differs from the information in the Evidence of Coverage, the Evidence of Coverage applies.

Pharmacy benefit terms you should know

Health Net Preferred Drug List (PDL): A list of prescription drugs approved by our Pharmacy and Therapeutics Committee that are eligible for benefit coverage. To view the PDL, log in to www.healthnet.com.

Generic drugs: Brand-name drugs whose patents have expired and can now be produced by any drug company, usually at a lower cost. Generics are FDA-tested and approved to be as effective as their brand-name versions.

Specialty drugs: Select injectable, infused, oral, and inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy.

Copayment and coinsurance: The amount you pay the pharmacy for each prescription.

Prior authorization (PA): The process of getting approval from Health Net for certain prescriptions before they are eligible for coverage.

Step therapy (ST): A type of prior authorization that requires previous use of one medication before another is eligible for coverage.

Mail order convenience

Health Net's mail order pharmacy program gives you the convenience of having your daily maintenance medications delivered to your home or office. You also get the added benefit of receiving an extended supply of your prescription medications, so there is no need to think about refills every month.

Once you're enrolled in your new Health Net plan, log in to www.healthnet.com to get started.

If you have questions, call the Health Net Customer Contact Center telephone number on your ID card.

Cost-saving tips

Save time and money with these simple steps:

- Ask your doctor about generic medications that may work for you.
- Fill prescriptions at Health Net participating pharmacies.
- Be sure your doctor prescribes a medication on the Health Net PDL, and ask if it requires prior authorization.
- Get your maintenance medications through our mail order pharmacy program.



Medications: ensuring a smooth transition

Ensuring a smooth transition of your current medications is an important first step for new members. You'll breathe easier knowing your current medications are covered by your new Health Net plan.

Log in to www.healthnet.com to verify that your medication is on Health Net's PDL or if it requires prior authorization. If you find it's on the list, you're good to go.

If your medication does require prior authorization, you can either start the transition process, or you can talk to your doctor about other medications on Health Net's PDL that will work just as well.

Transitioning your medications

You can transition select maintenance medications – those you take every day – to your new Health Net pharmacy coverage by following these simple steps:

- Within the first 90 days of your enrollment with Health Net, review the Prescription Transition form provided by your employer.
 - A separate form is required for each family member transitioning medications.
 - Make sure each medication you wish to transition, and which requires a prior authorization from Health Net, is listed on the form.
 - If your medication is not listed on the form, it may not require prior authorization. Check the PDL or contact Health Net to ensure coverage.
- The form(s) must be completed and submitted within the first three months of eligibility with Health Net.
- Fax or mail the completed form(s) to the fax number or address shown on the form.

When Health Net receives the form(s), temporary authorization for each eligible medication will be entered into the pharmacy claims processing system, so you can receive your medications with your new Health Net pharmacy coverage.

If you are prescribed a medication that needs prior authorization, and it is not on the Prescription Transition form or Health Net's PDL, your pharmacy will contact your doctor. This is to either suggest an alternative medication that is covered by Health Net, and/or to ask your doctor to contact Health Net and request coverage for the prescribed medication. This is a common practice followed by all pharmacies and doctors.

Save money by using your mail order pharmacy benefits.

Prior authorization/Step therapy: new medications

If you're a new or existing Health Net member and your doctor orders a new medication, check to see if the medication is on Health Net's PDL and if it needs a prior authorization. If it does require a prior authorization (noted on the PDL with a "PA"), ask your doctor to contact Health Net to request coverage for the prescribed medication.

What is prior authorization/step therapy?

Prior authorization is one of the ways Health Net ensures our members get the safest medications with the best value and that they are approved by the Food and Drug Administration (FDA). It refers to the simple process of getting approval from Health Net for certain drugs requiring pre-approval before they are covered.

Medications that require prior authorization/step therapy fit one or more of the following criteria:

- Have a high potential for abuse.
- Require laboratory tests/monitoring for safety reasons.
- Are part of a step therapy guideline.
- Are used for indications not approved by the FDA or Health Net.
- Have a high potential for "off-label" or experimental use.
- Specific plan benefit exclusions or limitations may apply.

Three-tier copayments or coinsurance

<i>Prescription is for:</i>	<i>You pay:</i>
Preferred generic drugs on the PDL	Lowest copayment or coinsurance (Level 1)
Preferred brand-name drugs on the PDL	Middle copayment or coinsurance (Level 2)
Brand or generic drugs that are non-preferred or not on the PDL	Highest copayment or coinsurance (Level 3)

Four-tier copayments or coinsurance

<i>Prescription is for:</i>	<i>You pay:</i>
Low-cost, preferred generic or brand-name drugs on the PDL	Lowest copayment or coinsurance (Level 1)
Moderate-cost, preferred generic or brand-name drugs on the PDL, or preferred insulin in vials	Moderate copayment or coinsurance (Level 2)
Preferred generic or brand-name drugs not included in a lower level on the PDL	Higher copayment or coinsurance (Level 3)
Non-preferred drugs; brand-name drugs with generics in a lower level; compounded prescription drugs; self-injectable drugs; drugs with preferred generic equivalents at lower tiers; and newly released medications	Highest copayment or coinsurance (Level 4)

Specialty drug tier

<i>Prescription is for:</i>	<i>You pay:</i>
Specialty Tier 1	Lowest copayment or coinsurance – Level S1
Specialty Tier 2	Moderate copayment or coinsurance – Level S2
Specialty Tier 3	Higher copayment or coinsurance – Level S3
Specialty Tier 4	Highest copayment or coinsurance – Level S4



About plan deductibles

Some plans have an annual deductible – the amount you pay before your plan benefits will pay for covered services. If your plan has an annual deductible, you will pay:

- The full price of your prescription until you reach the deductible amount.
- Only the copayment or coinsurance amount, based on your benefit plan, after you've met the deductible amount.

Check your coverage documents to see if you have a plan deductible and how it works with your benefit plan.

Comprehensive pharmacy network

Health Net has an extensive pharmacy network throughout the state and across the country. It's easy to find a pharmacy right around the corner from where you live and work.

Participating pharmacies include major supermarket-based and privately owned pharmacies throughout Arizona, as well as major pharmacy chains throughout the United States. When you fill your prescriptions at a Health Net participating pharmacy, you receive your prescription drugs at the highest available benefit coverage under your plan. When you use a non-participating pharmacy, you may have to pay full price for your prescription.



Visit www.healthnet.com for a list of Health Net participating pharmacies.

Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Individual/Family Plans **1-888-926-5057 (TTY: 711)**

Arizona Marketplace Small Group Plans **1-888-926-5122 (TTY: 711)**

Small Business Group plans and Large Employer Group plans **1-800-289-2818 (TTY: 711)**

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card. Individual & Family Plan members please call 1-888-926-5057 (TTY: 711); Small Business members please call 1-888-926-5122 (TTY: 711). Employer group members please call 1-800-289-2818 (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء خطة الأفراد والعائلة الاتصال على الرقم 1-888-926-5057 (TTY: 711)؛ ويرجى من أعضاء الأعمال الصغيرة الاتصال على الرقم 1-888-926-5122 (TTY: 711). يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-800-289-2818 (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。個人與家庭計畫的會員請致電 1-888-926-5057 (TTY: 711) 小型企業的會員請致電 1-888-926-5122 (TTY: 711)。雇主團體的會員請致電 1-800-289-2818 (TTY: 711)。



French

Aucun service linguistique avec coût. Vous pouvez obtenir un interprète. Les documents peuvent être lus pour vous. Pour obtenir de l'aide, appelez-nous au numéro figurant sur votre carte d'identité. Membres des programmes pour particuliers et familles, veuillez composer le 1-888-926-5057 (TTY: 711). Membres des programmes pour petites entreprises, veuillez composer le 1-888-926-5122 (TTY: 711). Membres du groupe d'employeurs, veuillez composer le 1-800-289-2818 (TTY: 711).

German

Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Mitglieder von Einzel- und Familienpolen rufen bitte unter 1-888-926-5057 (TTY: 711) an; Kleinunternehmen-Mitglieder rufen bitte unter 1-888-926-5122 (TTY: 711) an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-800-289-2818 (TTY: 711) an.

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話ください。個人および家族向けプランのメンバーの方は1-888-926-5057 (TTY: 711) まで、小規模企業メンバーの方は1-888-926-5122 (TTY: 711) までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-800-289-2818 (TTY: 711) までお電話ください。

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 개인 및 가족 계획가입자분은 1-888-926-5057 (TTY: 711)번으로 전화해 주시고, 소기업가입자분은 1-888-926-5122 (TTY: 711)번으로 전화해 주십시오. 고용주 그룹 가입자분은 1-800-289-2818 (TTY: 711)번으로 전화해 주십시오.

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'é. Ata' halne'ígíí hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah dóó ła' da hach'í' él'ííh. Shíká a'doowól nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béésh bee hane'í bikáa' áajj' hodíílnih. T'áá hó dóó ha'áłchíní bíł hak'é'éstí'ígíí kojí' hojilnih 1-888-926-5057 (TTY: 711); Small business deílníníjí atah níl'ígo éí kojí' hólne' 1-888-926-5122 (TTY: 711). Employer groupojí atah níl'ígo éí kojí' hodíílnih 1-800-289-2818 (TTY: 711).

Persian (Farsi)

کسب اطلاعات، با ما به شماره ای که در کارت شناسایی شما قید شده تماس بگیرید. اعضای برنامه انفرادی و خانواده لطفاً با شماره 1-888-926-5057 (TTY: 711) تماس بگیرید؛ اعضای واحد بازرگانی کوچک با شماره 1-888-926-5122 (TTY: 711) تماس بگیرید. اعضای گروه کارفرما لطفاً با شماره 1-800-289-2818 (TTY: 711) تماس بگیرید.

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочесть документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Участники планов для семей и частных лиц: звоните по телефону 1-888-926-5057 (TTY: 711). Участники планов для малых предприятий: звоните по телефону 1-888-926-5122 (TTY: 711). Участники групповых планов, предоставляемых работодателем: звоните по телефону 1-800-289-2818 (TTY: 711).

Serbo-Croatian

Besplatne jezičke usluge. Možemo vam obezbediti tumača. Možemo vam pročitati vaše dokumente. Ukoliko vam je potrebna pomoć, nazovite broj napisan na vašoj zdravstvenoj kartici. Molimo članove individualnog i porodičnog plana da nazovu 1-888-926-5057 (TTY: 711); molimo članove malog preduzeća da nazovu 1-888-926-5122 (TTY: 711). Molimo članove grupe osigurane preko poslodavca da nazovu 1-800-289-2818 (TTY: 711).

