

Health Net Pharmacy Benefits

NG plan code 06Q (HMO)

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

Benefit level	Description	Copayment ¹
Tier I–	Drugs listed on the Health Net Recommended Drug List (RDL) (primarily generic)	\$10
Tier II – Brand,	Drugs and diabetic supplies (including insulin) listed on the Health Net RDL (primarily brand name)	\$20
Tier III – Non-formulary	Drugs not on the Health Net RDL	\$35
Deductible	Per member, per calendar year, brand only deductible applies to Level II and Level III brand drugs	None
Out-of-pocket maximum	Per calendar year, separate from the Medical out-of-pocket maximum	\$2000 individual / \$4000 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: **\$20 Tier I / \$40 Tier II / \$70 Tier III.**

Choose how you receive your 90-day prescription supply:

Option 1: Refill at a CVS Pharmacy

Fill your 90-day supply at any one of our CVS pharmacy retail locations

Option 2: Refill using CVS Caremark Mail Service Pharmacy

Have a 90-day supply of your long-term medicines shipped to your home or office

To find the right 90-day option for you, speak to a pharmacist at your local CVS pharmacy, visit www.caremark.com or call Health Net Customer Service at 1-800-522-0088 for HMO Members or 1-800-676-6976 for PPO members

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 **1-800-676-6976.**



Kim Aung
Health Net

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.

¹Some 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.

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