

# Health Net Pharmacy Benefits

No deductible (\$5/\$25/\$50)

## ΡΡΟ

Benefit Description	Participating pharmacy – member responsibility	Nonparticipating pharmacy – member responsibility
<b>Tier 1</b> – Drugs listed on the Health Net formulary (primarily generic)	\$5	\$5 + 50% AWP (\$250 max)
<b>Tier 2</b> – Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	\$25	\$25 + 50% AWP (\$250 max)
<b>Tier 3</b> – Drugs include non-preferred Brand Name Drugs, Brand Name Drugs with a generic equivalent (when Medically Necessary), drugs listed as Tier 3 in the Formulary, drugs indicated as "NF", if approved, or drugs not listed in the Formulary.	\$50	\$50 + 50% AWP (\$250 max)
<b>Specialty Tier</b> – High-cost drugs used to treat complex medical conditions	30% (\$250 max)	Not covered
Deductible – Brand drugs	\$0	
Out-of-pocket maximum	Per calendar year, combined with the medical out-of-pocket maximum	

### 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:

Benefit level	Member responsibility
Tier 1 – Generic	\$10
Tier 2 – Brand, preferred	\$62.50
Tier 3 –Non-formulary	\$125

#### 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 800-676-6976.

#### Generic substitutions

Generic drugs will be dispensed when a generic drug equivalent is available. Health Net will cover brand-name drugs that have generic equivalents only when the brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, subject to copayment requirements described in the member's Schedule of Benefits.

Health Net's Nondiscrimination Notice

1/2024

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