

Health Net Pharmacy Benefits

NG plan codes 63L-63P-63R-63T-63U-63V

No deductible (15/35/55)

MAC U (ELECT+OA/ ExcelCareOA+)

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

Benefit level	Description	Copayment ¹
Tier I– Generic	Drugs listed on the Health Net Recommended Drug List (RDL) (primarily generic)	\$15
Tier II – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net RDL (primarily brand name)	\$35
Tier III – Non-formulary	Drugs not on the Health Net RDL	\$55
Specialty Tier	High-cost drugs used to treat complex medical conditions	30%/ \$250 maximum per prescription
Deductible	N/A	N/A
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: **\$30 Tier I / \$87.50 Tier II / \$137.50 Tier III**. 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**.

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.

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.

¹ 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.

CA LG (1/19) This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Evidence of Coverage for all terms and conditions of coverage. HMO, EOA and POS plans offered by Health Net of California, Inc. Health Net of California, Inc. is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, 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 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Members) or Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, 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

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Arabic

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Chinese

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Korean

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Navajo

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Persian (Farsi)

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Panjabi (Punjabi)

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Tagalog

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