

Health Net Pharmacy Benefits

\$100 deductible (\$15/\$35/\$60)

PLAN APPLIES TO THE FOLLOWING NETWORKS: FULL NETWORK
HMO, EXCELCARE HMO, SMARTCARE HMO

| Benefits and coverage | Description | Member responsibility |
|----------------------------------|---|-----------------------|
| Tier 1 – Generic | Drugs listed on the Health Net formulary (primarily generic) | \$15 |
| Tier 2 – Brand, preferred | Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name) | \$35 |
| Tier 3 – Non-formulary | 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. | \$60 |
| Specialty Tier | High-cost drugs used to treat complex medical conditions | 30% (\$250 max) |
| Deductible | Brand drugs | \$100 |
| 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 | \$30 |
| Tier 2 – Brand, preferred | \$87.50 |
| Tier 3 – Non-formulary | \$150 |

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.

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.

Health Net's Nondiscrimination Notice