

# HEALTH NET PHARMACY BENEFITS

*Plan codes 135, 159, 183<sup>1</sup>*

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

## RETAIL COPAYMENTS 3 TIER FORMULARY

DRUG TYPE	DESCRIPTION	COPAYMENT <sup>2</sup>
Level I – Generic drugs	Drugs listed on the Health Net Recommended Drug List (primarily generic)	\$10
Level II – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net Recommended Drug List (primarily brand name)	\$25
Level III	Drugs not on the Health Net Recommended Drug List	\$50

## PRESCRIPTIONS BY MAIL

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 Prescriptions By Mail Drug Program. Under this program, your copayments for up to a 90-day supply are: **\$20 level I / \$50 level II / \$100 level III**. For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > *View prescription coverage* > *Get prescriptions by mail* or call Member Services at **1-800-676-6976**.

## GENERIC SUBSTITUTIONS

Generic drugs will be dispensed when a generic drug equivalent is available, unless the prescription drug order states “do not substitute,” “dispense as written,” or words of similar meaning in the physician’s handwriting, in which case only the specific drug will be dispensed. However, when a generic drug equivalent is available and a brand name drug is dispensed, you must pay the following:

- The Level I drug copayment, plus
- The difference between the cost of the generic drug and the brand name drug.

However, if the prescription drug order states “do not substitute,” “dispense as written,” or words of similar meaning in the physician’s handwriting, only the Level II or Level III drug copayment, as appropriate, 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.**

<sup>1</sup>First three codes apply when sold alongside Health Net HMO/POS/EOA plans, respectively.

<sup>2</sup>For POS plan 159, members are responsible for charges billed in excess of the prescription drug covered expense for non-participating pharmacy copayments. Members must use a contracted pharmacy in California.