



# Health Net Pharmacy Benefits

NMSL10-35-60-250D

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

| Benefits and coverage            | Description   | Member responsibility  |
|----------------------------------|---|--|
| <b>Tier 1 – Generic</b>          | Drugs listed on the Health Net formulary (primarily generic)  | \$10 deductible waived   |
| <b>Tier 2 – Brand, preferred</b> | Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)   | \$35   |
| <b>Tier 3 – Non-formulary</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. | \$60   |
| <b>Specialty Tier</b>            | High-cost drugs used to treat complex medical conditions  | 20% to a maximum of \$250  |
| <b>Deductible</b>                | Brand drugs   | \$250 per member and \$500 per family. Deductible applies to your combined Medical and Rx out-of-pocket maximum. |
| <b>Out-of-pocket maximum</b>     | 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  |
|----------------------------------|------------------------|
| <b>Tier 1 – Generic</b>          | \$20 deductible waived |
| <b>Tier 2 – Brand, preferred</b> | \$70                   |
| <b>Tier 3 – Non-formulary</b>    | \$120                  |

For complete information, log on as a Health Net member at [healthnetoregon.com/pharmacy](http://healthnetoregon.com/pharmacy) or call the Customer Contact Center at 888-802-7001.

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.

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