

FOR GROUPS OF **51+**

Health Net PPO Pharmacy Benefits

Plan Code 24E¹

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

PLAN DEDUCTIBLE

This Pharmacy plan includes an annual brand only deductible of **\$100**. This means that you will owe the pharmacist the full cost of your covered brand name prescriptions until you pay \$100 in pharmacy expenses for the year. Afterwards, the copayments below apply.

RETAIL COPAYMENTS²

Drug type	Description	Participating pharmacy copayment	Non-participating pharmacy copayment
Level I – Generic	Drug listed on the Health Net Recommended Drug List (primarily generic)	\$15	\$15 + 50% AWP ³
Level II – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net Recommended Drug List (primarily brand name)	\$30	\$30 + 50% AWP ³
Level III	Drugs not on the Health Net Recommended Drug List	50% of negotiated cost (minimum of \$30)	50% AWP ³ (minimum of \$30)

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: **\$30 level I / \$60 level II / 50% (min. \$60) level III**. For complete information, log on as a Health Net member at www.healthnet.com > *View prescription coverage* > *Get prescriptions by mail* or call Member Services at **1-800-522-0088**.

(continued on reverse)



GENERIC SUBSTITUTIONS

Generic drugs will be dispensed when a generic drug equivalent is commercially available. If you request a brand name drug when a generic equivalent is commercially available, you must pay the difference between the generic equivalent and the brand name drug in addition to the listed copayments or coinsurance. However, if the prescription drug order states “dispense as written,” “do not substitute” or words of similar meaning in the physician’s handwriting, only the listed drug copayment will be applicable.

This is only a brief description of your Health Net PPO Pharmacy benefits. Please refer to your Certificate of Insurance to determine the specific benefits, limitations, exclusions and all other terms and conditions of coverage.

1 Plan code is 24T when pharmacy benefits include sexual dysfunction drug coverage. Plan codes are 24K (w/o buy-up) and 25A (w/buy-up) when sold outside of California.

2 Member copayments apply after annual plan deductible(s) have been met.

3 When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug’s Average Wholesale Price (AWP). You are also obligated to pay any amounts the pharmacy charges in excess of the AWP.