



# Health Net Pharmacy Benefits

**MASL15-50%-DR (MAC A)**

**PENDING DFR APPROVAL**

*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)	The greater of \$15 or 50%
<b>Tier 2 – Brand, preferred</b>	Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	The greater of \$15 or 50%
<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.	Member pays 100% at HN discounted rate
<b>Specialty Tier</b>	High-cost drugs used to treat complex medical conditions	20% to a maximum of \$250
<b>Deductible</b>	Brand drugs	\$0
<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>	The greater of \$30 or 50%
<b>Tier 2 – Brand, preferred</b>	The greater of \$30 or 50%
<b>Tier 3 – Non-formulary</b>	Member pays 100% at HN discounted rate

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

## 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