Health Net Health Plan of Oregon, Inc. (Health Net) Large Group



Health Net Pharmacy Benefits

NMSLHD70

PENDING DFR APPROVAL

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

Benefits and coverage	Description	Member responsibility
Tier 1 – Generic	Drugs listed on the Health Net formulary (primarily generic)	30%
Tier 2 – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	30%
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.	30%
Specialty Tier	High-cost drugs used to treat complex medical conditions	30%
Deductible	Brand drugs	Combined Medical and RX deductible
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	30%
Tier 3 – Non-formulary	30%

For complete information, log on as a Health Net member at 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.

Health Net's Nondiscrimination Notice

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