

# Pharmacy MASL15-50%-DR (MAC A)

## FOR HEALTH NET MEMBERS

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

Benefits level	Plan benefits	
	In pharmacy (per fill, up to a 30-day supply) <sup>1</sup>	Mail order (per fill, up to a 90-day supply)
<b>Tier 1</b>	The greater of \$15 or 50%	The greater of \$30 or 50%
<b>Tier 2</b>	The greater of \$15 or 50%	The greater of \$30 or 50%
<b>Tier 3</b>	Member pays 100% at HN discounted rate	Member pays 100% at HN discounted rate
<b>Specialty pharmacy</b>	20% to a maximum of \$250	Mail order not available
<b>Orally administered anticancer medications</b>	10% to a maximum of \$150	Mail order not available
<b>Preventive pharmacy</b> Tobacco cessation and women's contraception methods	No copay and/or coinsurance	No copay and/or coinsurance
<b>Out-of-pocket maximum per calendar year</b>	Combined Medical and Rx out-of-pocket maximum	

<sup>1</sup> If certain requirements are met, you may be eligible for a 90-day supply when filled in a pharmacy (with three times the retail copay).

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. For complete information, visit [healthnetoregon.com/pharmacy](http://healthnetoregon.com/pharmacy).

### Generic Substitutions

When a generic form of a brand name drug exists, the generic drug will be dispensed and the Tier 1 Copayment and/or Coinsurance shall apply. An approved generic equivalent shall mean a generic drug that has been given an "A" therapeutic equivalent code by the Department of Health and Human Services. If a generic equivalent exists but a brand name drug is requested, you must pay an

ancillary charge equal to the difference between the cost of the generic drug and the brand name drug in addition to the applicable Copayment and/or Coinsurance.

### Essential Drug List

A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Drug List (EDL). To view the current EDL, go to [www.healthnetoregon.com/druglist](http://www.healthnetoregon.com/druglist).



**Questions?**  
Call Health Net at  
1-888-802-7001

(continued)

## Specialty Pharmacy

Certain drugs identified on the Essential Drug List are classified as Specialty Pharmacy drugs under your plan. Specialty Pharmacy drugs are high cost biologic, injectable and oral drugs typically dispensed through a limited network of pharmacies and having significantly higher cost than traditional pharmacy benefit drugs. Prior authorization is required for these medications.

## Preventive Pharmacy

Preventive Pharmacy medications require a prescription and are limited to prescription drugs and over-the-counter medications that are determined to be preventive. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug with no generic class drug available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

## Women's Contraception

Generic class Food and Drug Administration (FDA) approved contraceptive methods, patient education and counseling for all women with reproductive capacity are covered. FDA approved, over-the-counter contraceptive methods for women require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

## Tobacco Cessation

Food and Drug Administration (FDA) approved prescription drugs classified as smoking cessation medications are covered when dispensed by a participating provider pharmacy. FDA approved, over-the-counter tobacco cessation medications require a prescription from your participating provider. No Deductible, Copayment and/or Coinsurance apply for each prescription or refill of a generic class drug or brand name drug when no generic class drug is available. Deductible, Copayment and/or Coinsurance will apply to brand name drugs that have generic equivalents.

## Participating Pharmacies

A participating provider pharmacy must be used when filling all prescriptions under your plan. The plan does not cover prescriptions filled at a Non-Participating pharmacy.

## What if I am on a medication that was covered by my previous health insurance?

Under the Continuity of Care Policy, within the first 90 days of Health Net coverage, you will receive authorization for any existing medication requiring prior authorization that was covered under your previous health insurance company. The health plan will require verification that the medication was covered by the previous insurance company. This policy excludes the following: injectables, compounded medications, pharmacy benefit exclusions, and overrides on quantity or dosage limits.

This is a brief description of your Health Net Pharmacy benefits and is intended for marketing purposes only and presents general information. Please refer to your Prescription Supplemental Benefit Schedule to determine the specific benefits, limitations, exclusions, and all other terms and conditions of coverage.

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