Health Net of California, Inc. (Health Net)

Pharmacy Benefits Member Guide

LEARN HOW TO GET THE MOST OUT OF YOUR PHARMACY BENEFITS

Employer Groups

HealthNet.com

Health Net Pharmacy Benefits

Understanding your Health Net Pharmacy Benefits

To get the most out of your pharmacy benefit, you need to understand your coverage – *the amount of protection provided by your Health Net plan.*

This guide will help you understand your pharmacy benefit coverage and explore cost saving options. In it, you'll find tools to help you make informed decisions, save money and optimize your pharmacy benefit!

Covered medications

To support you and your doctor, we offer a wide variety of affordable medications. Our plan benefits cover prescription medications approved by the U.S. Food and Drug Administration (FDA). Certain plans will cover most female prescription contraceptives and other prevention medications at $0 cost share. Not all plans are the same, though. Be sure to refer to your coverage documents for details about your specific plan.[1]

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[1]The *Evidence of Coverage* (EOC) is a legal binding documents. If the information in this brochure differs from the information in the EOC the EOC applies.

Keep in mind that coverage on some products may not follow the generic and brand tier system. To stay current on specific tier information, please refer to your plan documents *(Summary of Benefits and/or Evidence of Coverage)*[1] and Health Net's drug list for coverage and cost share information and any limits or restrictions.

Register online to view the drug list at **healthnet.com.**

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Tiered benefit plans

Health Net has easy-to-use pharmacy benefits that offer value and convenience. Our two-tier, three-tier and four-tier plans provide both generic and brand-name prescription drug coverage.

- **Generic drugs** are copies of brand-name drugs that have the same dosage, usage, effects, side effects, risks, safety, and strength as the original drug.
- **Your copayment** – the fixed amount you will pay for drugs – varies based on the tier.

A few plans may have a Specialty tier, which is also covered under your pharmacy benefit.

- **Most Specialty tier drugs require prior authorization** – the process of getting approval from Health Net for certain drugs before they are covered.

These drugs are usually provided by a Specialty pharmacy contracted by Health Net. Please consult your plan documents[1] to see whether your pharmacy benefit includes the Specialty tier. You can also reference the drug list at **healthnet.com** for coverage details.

[1]The *Evidence of Coverage* (EOC) is a legal binding documents. If the information in this brochure differs from the information in the EOC the EOC applies.

Two tier benefit

Prescription is for:	You pay:
Generic drugs on the drug list	In most cases, the **lower copayment (Tier 1)**
Brand-name drugs on the drug list	In most cases, the **higher copayment (Tier 2)**

Three tier benefit

Prescription is for:	You pay:
Generic drugs on the drug list **(preferred generics)**	In most cases, the **lowest copayment (Tier 1)**
Brand-name drugs on the drug list **(preferred brands)**	In most cases, the **higher copayment (Tier 2)**
Brand or generic drugs not on the drug list **(non-preferred drugs)**	In most cases, the **highest copayment (Tier 3)**

Three tier with specialty benefit

Prescription is for:	You pay:
Most generic drugs and low-cost preferred brands	In most cases, the **lowest copayment (Tier 1)**
Non-preferred generics and preferred brand-name drugs on the drug list	In most cases, the **higher copayment (Tier 2)**
Non-preferred brands	In most cases, the **higher copayment (Tier 3)**
Specialty drugs	In most cases, the **highest copayment (Tier 4)**

Please note: Pharmacy cost shares apply toward the annual out-of-pocket maximum (OOPM) on your plan. Please consult your plan documents for specific details regarding annual cost-sharing limits.

Plan deductibles

Some plans have an annual deductible – the amount you pay each year before your plan benefits will pay for covered services. If your plan has an annual deductible, you will pay:

- The full price of your prescription until you reach the deductible amount.
- Only the copayment or coinsurance amount, based on your benefit plan after you've met the deductible amount. Be sure to check your coverage documents to see if you have a plan deductible and how it works with your benefit plan.

Health Net makes it easy to find a quality pharmacy!

Comprehensive pharmacy network

Health Net has a broad pharmacy network throughout the state and across the country. We make it easy to find a quality pharmacy right around the corner from where you live and work. Pharmacies include national chains as well as major supermarket-based and privately owned pharmacies.

It's always best to have your prescriptions filled within the network. When you do, you'll receive your medicine at the highest benefit coverage under your plan. However, if you choose an out-of-network pharmacy, you may have to pay full price for your prescriptions.[2]

Please note: Some plans may have limits on the pharmacies you can use. Check your plan documents, call Member Services or visit **healthnet.com** for a list of Health Net network pharmacies.

[2]HMO plan members who choose an out-of-network pharmacy will have to pay full price for their prescriptions.

Medications: ensuring a smooth transition

If you are new to Health Net, making sure you have a smooth transition of your current medications is an important first step. You can relax and know that your current medications are covered by your new health plan.

Visit **healthnet.com** to see whether your medication is on Health Net's drug list and whether it requires prior authorization. If it's on the list and does not require prior authorization, you're all set.

If your medication does require prior authorization, you have a couple of options.

- You can go ahead and start the transition process *or*
- You can talk to your doctor about other medications on Health Net's drug list that will work just as well.

Moving your medications

New members can also transition select maintenance medications – medicine you take every day to treat a chronic or long-term condition – to your new Health Net pharmacy coverage by these simple steps:

1. If your medication requires prior authorization within the first 90 days of your enrollment with Health Net, review the Prescription Transition form included in your enrollment packet, or get one by going to **healthnet.com.**
   - A separate form is required for each family member transitioning medications.
   - Check that each prior authorization medication you wish to transition is listed on the form.
   - If your medication is not listed on the form, and it requires prior authorization, your doctor will have to call Health Net for prior authorization to ensure coverage.
2. The Prescription Transition form(s) must be completed and submitted **within the first 90 days of eligibility** to Health Net.
3. Fax or mail the completed form(s) to the fax number or address shown on the form.

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The Prescription Transition form(s) must be completed and submitted **within the first 90 days of eligibility** to Health Net.

When Health Net receives the form(s), authorization for each eligible medication will be entered into the pharmacy claims processing system. This ensures you can receive your medications with your new Health Net pharmacy coverage.

If you are prescribed a medication that needs prior authorization, and it is not on the Prescription Transition form or Health Net's drug list, your pharmacy will contact your doctor. This is either to suggest an alternative medication that is covered by Health Net, and/or to ask your doctor to contact Health Net and request coverage for the prescribed medication. This is common practice followed by all pharmacies and doctors.

What is prior authorization?[3]

Prior authorization is one of the ways Health Net ensures that our members get the safest medications with the best value and that the medications are approved by the FDA. It refers to the simple process of getting approval from Health Net for certain drugs requiring pre-approval before they are covered.

Prior authorization: transitioning medications

If you're a Health Net member and your doctor orders a new medication, check to see if it is on Health Net's drug list and if it needs a prior authorization. If the medication does require a prior authorization (noted on the drug list with a "PA"), ask your doctor to contact Health Net to request coverage for the prescribed medication. If a drug requires step therapy (noted on the drug list as "ST"), you will need to start with a first-line drug.

[3]Health Net will approve prior authorization requests when medical necessity has been demonstrated.

Mail order convenience

Through the mail order program, you can receive up to a three-month supply of your maintenance prescription drugs – usually at a lower cost. There are two ways to begin using the mail order pharmacy:

1. **Order by phone.** Have your doctor call in a new prescription to the mail order pharmacy at **800-378-5697** or **fax** it to **800-378-0323.**
2. **Order online.** Register or log in to **caremark.com** and follow the instructions to request a new prescription. The mail order pharmacy will contact your doctor to get a prescription for up to a three-month supply.

Cost-saving tips

Save time and money with these added tips:

- **Ask your doctor about generic medications that may work for you.**
- **Fill prescriptions at Health Net participating pharmacies.**
- **Be sure your doctor prescribes medications on the Health Net drug list, and ask if they require prior authorization.**
- **Get your maintenance medications through our mail order program.**

Important pharmacy benefit terms & definitions

Pharmacy benefit terms you should know

Drug List (DL) or Formulary: A list of prescription drugs approved by our Pharmacy & Therapeutics Committee that are eligible for benefit coverage. To view the DL, log in to healthnet.com.

Generic drugs: Brand-name drugs whose patents have expired and can now be produced by any drug company, usually at a lower cost. Generics are FDA-tested and approved to be as effective as their brand-name versions.

Specialty drugs: Select injectable, infused, oral, and inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. These drugs are usually provided by a Specialty pharmacy contracted by Health Net.

Copayment and coinsurance: The amount you pay the pharmacy for each prescription.

Out-of-pocket maximum (OOPM): The maximum amount a member will spend on medical copayments during the calendar year.

Prior authorization (PA): The process of getting approval from Health Net for certain prescriptions before they are eligible for coverage.

Step therapy (ST): A type of prior authorization that requires previous use of one medication before another is eligible for coverage.

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View the prescription drug list by logging in to **healthnet.com.**

English
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711).

Arabic
خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) 1-800-522-0088

Armenian
Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711).

Chinese
免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。

Hindi
बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711)।

Hmong
Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 1-800-522-0088 (TTY: 711).

Japanese
無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088 、(TTY: 711)。

Khmer
សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711).។

Korean
무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711).

Navajo
Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'į' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzinígíí bikáa'gi béésh bee hane'í bikáá' áajį' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711).

Persian (Farsi)
خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711).

Panjabi (Punjabi)
ਬਨਿਾਂ ਕਸਿੇ ਲਾਗਤ ਤੋ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਚਿ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਤਿੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

Russian
Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

Spanish
Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

Tagalog
Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

Thai
ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

Vietnamese
Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).

More information

Call the **Health Net Member Services** number on your ID card or visit our website at **healthnet.com.**

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Always consult your physician before changing medication regimens and when evaluating treatment alternatives.

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BKT063388EP02 (3/25)