

# HEALTH NET PPO PHARMACY BENEFITS

*Plan codes 29A and QH (In-State), 29B and QV (Out-of-State)<sup>1</sup>*

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

## RETAIL COPAYMENTS

DRUG TYPE	DESCRIPTION	PARTICIPATING PHARMACY COPAYMENT	NON-PARTICIPATING PHARMACY COPAYMENT
Level I – Generic drugs	Drugs listed on the Health Net Recommended Drug List (primarily generic)	\$10	\$10 + 50% AWP <sup>2</sup>
Level II – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net Recommended Drug List (primarily brand name)	\$20	\$20 + 50% AWP <sup>2</sup>
Level III	Drugs not on the Health Net Recommended Drug List	\$35	\$35 + 50% AWP <sup>2</sup>

## 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: **\$20 level I / \$40 level II / \$70 level III**. For complete information, log on as a Health Net member at [www.healthnet.com](http://www.healthnet.com) > *View prescription coverage* > *Get prescriptions by mail* or call Member Services at **1-800-676-6976**.

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

<sup>1</sup>Plan codes QH (In-State) and QV (Out-of-State) are the standard pharmacy benefits without sexual dysfunction drug coverage. Plan codes 29A (In-State) and 29B (Out-of-State) pharmacy benefits include sexual dysfunction drug coverage.

<sup>2</sup>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.