

Health Net Pharmacy Benefits

\$100 DEDUCTIBLE (\$10/\$30/\$50)

CANOPYCARE HMO



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

Benefits and coverage	Description	Copayment ¹
Tier 1 – Generic	Drugs listed on the Health Net Recommended Drug List (RDL) (primarily generic)	\$10
Tier 2 – Brand, preferred	Drugs and diabetic supplies (including insulin) listed on the Health Net RDL (primarily brand name)	\$30
Tier 3 –Non-formulary	Drugs not on the Health Net RDL	\$50
Specialty Tier	High-cost drugs used to treat complex medical conditions	30% (\$250 max)
Deductible	Brand Deductible	\$100
Out-of-pocket maximum	Per calendar year, combined with the Medical out-of-pocket maximum	



For complete information, log on as a Health Net member at www.healthnet.com > **My Pharmacy Benefits > Mail Order Pharmacy** or call Member Services at 1-800-676-6976.



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	Copayment ¹
Tier 1 – Generic	\$20
Tier 2 – Brand, preferred	\$75
Tier 3 –Non-formulary	\$125

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.

¹Plans will cover most female prescription contraceptives at \$0 cost share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Recommended Drug List (RDL) for coverage, cost share and tier information.

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.

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