



Health Net Pharmacy Benefits

No deductible (\$5/\$25/\$45)

CANOPYCARE HMO

| Benefits and coverage | Description | Member responsibility |
|----------------------------------|---|-----------------------|
| Tier 1 – Generic | Drugs listed on the Health Net formulary (primarily generic) | \$5 |
| Tier 2 – Brand, preferred | Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name) | \$25 |
| 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. | \$45 |
| Specialty Tier | High-cost drugs used to treat complex medical conditions | 30% (\$250 max) |
| Deductible | Brand drugs | \$0 |
| 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 | \$10 |
| Tier 2 – Brand, preferred | \$62.50 |
| Tier 3 – Non-formulary | \$112.50 |

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.

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 800-676-6976.

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.

Nondiscrimination Notice

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