Health Net of California, Inc. (Health Net)



Make the Most of Your Pharmacy Benefits

ESSENTIAL PHARMACY BENEFITS GUIDE

Individual & Family Plans



myhealthnetca.com

How to Best Use Your Health Plan

Use this guide to learn about your Health Net pharmacy benefit coverage. You can also find out about important cost-reduction options.

Note: not all plans are the same. You'll want to refer to your coverage documents¹ for details about your exact plan.

Tiered benefit plans

Health Net's pharmacy plans give you:

Tier 1 drugs. Most generic drugs and low-cost preferred brand name drugs.

Tier 2 drugs. Non-preferred generic drugs and preferred brand-name drugs. Or, drugs recommended by Health Net's Pharmaceutical and Therapeutics (P&T) Committee based on safety, efficacy and cost.

Tier 3 drugs. Non-preferred brand-name drugs and drugs recommended by the Health Net P&T Committee. Or, drugs that generally have a preferred, and often less-costly therapeutic alternative at a lower tier.

Tier 4 drugs. These drugs can have any one of the following:

- 1. Food and Drug Administration (FDA) or drug manufacturer requires its distribution through specialty pharmacies.
- 2. Giving the drug to yourself requires training and clinical monitoring.
- 3. The cost to Health Net is greater than \$600.

Coverage on some products may not follow the generic and brand tier system. You may need to get prior authorization. Refer to your plan coverage documents for further details.¹ You can also use Health Net's Essential Drug List to look up coverage, cost-share and tier information.

Tier 4 (Specialty drugs)

Tier 4 (Specialty drugs) include high-cost medications used to treat complex medical conditions. These include covered self-injected drugs other than insulin. Tier 4 (Specialty drugs) need prior authorization from a contracted specialty pharmacy vendor. Please consult with your doctor or Member Services to learn how to get your specialty drugs.





Preventive drugs and prescription birth control approved by the Food and Drug Administration are covered at a \$0 cost-share.¹

Mail order²

You can get your maintenance medications – those you take every day – brought to your home with Health Net's mail order pharmacy program. You can get up to a three-month supply of your prescription medications. No need to think about refills every month. Our mail order program may also help you lower your out-of-pocket costs.

If you have questions, call the Health Net Member Services telephone number on the back of your Member ID card.

Reduced cost tips

- Ask your doctor about generic medications that may work for you.
- Be sure your doctor prescribes medications on the Health Net Essential Drug List, and ask if they need prior authorization.

Fill your maintenance medications through our mail order pharmacy program.

Medications: ensure a smooth transition

Confirm your medication is on Health Net's Essential Drug List. And, find out if it needs prior authorization.

Once you find your medications on the list, you can relax knowing that your new Health Net plan covers them.

If your medication does require prior authorization, you can either:

• Start the transition process.

Or,

• Talk to your doctor about other medications on Health Net's Essential Drug List that will work for you.

Be sure your current medications have a smooth transition to your new plan by going to:

www.myhealthnetca.com





Get more done online! Sign-up from the home page at <u>www.myhealthnetca.com</u> for your user name and password.

²Up to a 90 consecutive-calendar-day supply of covered Maintenance Drugs will be dispensed at the applicable mail order Copayment. However, when the retail Copayment is a percentage, the mail order Copayment is the same percentage of the cost to Health Net as the retail Copayment.

Note: You can also find a Prescription Transition form by going to:

www.myhealthnetca.com



How to transition your medications

You can transition certain maintenance medications to your new Health Net pharmacy coverage with these simple steps:

- **1. Review the Prescription Transition Form** within the first 90 days after you enroll.
 - Find the form in your enrollment packet.
 - Use a separate form for each family member transitioning medications.
 - Make sure medication needing prior authorization from Health Net is listed on the form.
 - If your medication is not listed on the form, have your doctor contact Health Net for prior authorization to ensure coverage.
- **2. Return the finished form to Health Net** within the first three months of coverage.
 - Fax or email to the fax number or address shown on the form.

When Health Net gets the form(s), approval for each qualified medication is entered into the pharmacy claims processing system. This is so you can get your medications with your new Health Net pharmacy coverage.

If your doctor prescribes a medication that needs prior authorization, and it's not on the Prescription Transition form or Health Net's Essential Drug List, your pharmacy will contact your doctor. The pharmacy will suggest a different medication that is covered by Health Net. Or, the pharmacy will ask your doctor to contact Health Net to request coverage for the medication prescribed. This is a common practice followed by all pharmacies and doctors.

What is prior authorization?³

Prior authorization is the process of getting authorization from Health Net for certain drugs requiring pre-approval before they are covered.

If you're a new or current Health Net member and your doctor orders a new medication, check to see if it is on Health Net's Essential Drug List.

Also, check to see if it needs prior authorization. If it does need prior authorization (noted on the Essential Drug List with a "PA" or "EST"), ask your doctor to contact Health Net. Your doctor will need to request coverage for the prescribed medication. Benefit exclusions or limits may apply.

³Health Net will approve prior authorization requests for covered medications when medical necessity has been demonstrated. Exceptions may apply.

About plan deductibles

Some plans have a calendar-year prescription drug deductible. This is what you'll pay for certain covered prescription drugs before your plan will pay for covered services. If your plan has a prescription drug deductible amount, it means you pay:

- The full price of your prescriptions until you reach the deductible amount.
- Only the copayment or coinsurance amount, based on your benefit plan, after you've met the prescription drug deductible amount.

With some plans, only the prescription drug deductible needs to be met for brand-name prescriptions before benefits are paid. For other plans, the full medical deductible must be met before benefits are paid for any covered prescription drugs.

Check your coverage documents to see if you have a plan prescription drug deductible. If you do, you can also check to see how it works with your plan.

The Ambetter Pharmacy Network

It's easy to find a quality pharmacy near where you live or work.

Network pharmacies include:

- Major supermarket-based pharmacies
- Privately-owned pharmacies
- Major pharmacy chains

You can find these pharmacies throughout California. When you fill your prescriptions using a pharmacy in the Ambetter Pharmacy Network, you get your prescription drugs at the highest available benefit coverage under your plan.

Find a Pharmacy

You must use a pharmacy in Health Net's Ambetter Pharmacy Network in order for your prescription to be covered.

To find a pharmacy in your area:

- 1. Go to myhealthnetca.com
- 2. Select Pharmacy Information, then Find a Pharmacy.
- 3. Select Ambetter Pharmacy Network.





For more information

You may call the Customer Contact Center at the telephone number on your Member ID card to find out if a particular drug is listed in the Essential Drug List. You may also request a copy of the current List and it will be mailed to you. The current List is also available on the Health Net website at <u>www.myhealthnetca.com</u>.

To obtain specific benefit and drug information, including your cost for a specific drug at your preferred pharmacy, please log into your secure Member portal or call the Customer Contact Center at the number on your Member Net ID card.

Always consult your doctor before changing medication routines. And, when weighing treatment options.

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