

Essential Pharmacy Benefits *Guide*

Making the most of your pharmacy benefits



Lisa Pasillas-Le,
Health Net
*We're part of your
health team.*



Health Net®

Understanding Your Health Net Pharmacy Benefits



This guide makes it easier for you to understand your Health Net¹ pharmacy benefit coverage and important cost-saving options. Not all plans are the same. You'll want to refer to your coverage documents² for details about your specific plan.



Preventive drugs and women's prescription contraceptives that are approved by the Food and Drug Administration are covered at a \$0 cost-share.²

Tiered benefit plans

Health Net's pharmacy plans give you:

- **Tier I drugs** – Most generic drugs and low-cost preferred brands.
- **Tier II drugs** – Non-preferred generic drugs; preferred brand-name drugs; or drugs recommended by the plan's Pharmaceutical and Therapeutics (P&T) Committee based on drug safety, efficacy and cost.
- **Tier III drugs** – Non-preferred brand-name drugs; drugs recommended by the P&T committee based on drug safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.
- **Tier IV drugs** – Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies; or self-administration requires training, clinical monitoring;

or the drug was manufactured using biotechnology; or the plan's cost (net of rebates) is greater than \$600.

You get easy-to-use pharmacy programs that offer the convenience you want with the value you're looking for.

Coverage on some products may not follow the generic and brand tier system. Prior authorization may be required. Please refer to your plan documents² and Health Net's Essential Drug List for coverage, cost-share and tier information.

Specialty drugs include high-cost medications used to treat complex medical conditions, including covered self-injectable drugs other than insulin. Specialty drugs require prior authorization and must be obtained from a contracted specialty pharmacy vendor. Please consult with your doctor or our Customer Contact Center about how to obtain your specialty drugs.

¹Individual and small group HMO and HSP plans are provided by Health Net of California, Inc., and individual and small group PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company.

²The *Evidence of Coverage* (EOC) or *Certificate of Insurance* (COI) are legal binding documents. If the information in this brochure differs from the information in the EOC or COI, the EOC or COI applies.

Mail order convenience

Health Net's mail order pharmacy program gives you the convenience of having your daily maintenance medications delivered to your home or office. You also get the added benefit of receiving an extended 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.

Once you're enrolled in your new Health Net plan, go to www.healthnet.com for group plans or www.myhealthnetca.com for Individual & Family Plans (IFP) to get started.

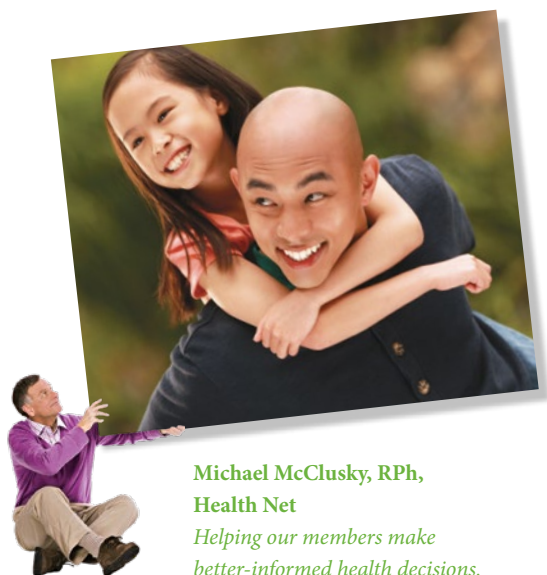
Some plans require mandatory mail order for maintenance medications. If you have questions, call the Health Net Customer Contact Center telephone number on the back of your ID card.

Cost-saving tips

Save time and money with these simple steps:

- 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 Essential Drug List, and ask if they require prior authorization.
- Fill your maintenance medications through our mail order pharmacy program.

Prescription is for:	You pay:
Tier I drugs	Lowest copayment
Tier II drugs	Higher copayment
Tier III drugs	Highest copayment
Tier IV drugs	Copayment/Coinsurance



**Michael McClusky, RPh,
Health Net**
*Helping our members make
better-informed health decisions.*

Medications: ensuring a smooth transition

Ensuring a smooth transition of your current medications is an important first step for new members. You'll breathe easier knowing your current medications are covered by your new Health Net plan.

Visit www.healthnet.com (group plans) or www.myhealthnetca.com (IFP plans) to verify that your medication is on Health Net's Essential Drug List or if it requires prior authorization. Once you find it's on the list, you're good to go.

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 just as well for you.

How to transition your medications

You can transition select maintenance medications – those you take every day – to your new Health Net pharmacy coverage by following these simple steps:



Get more done online!
Register from the
home page at
www.healthnet.com
for your user name
and password.

- Within the first 90 days of your enrollment with Health Net, review the Prescription Transition form included in your enrollment packet, or obtain one by going to www.healthnet.com (group plans) or www.myhealthnetca.com (IFP plans).
 - A separate form is required for each family member transitioning medications.
 - Make sure each medication you wish to transition that requires a prior authorization from Health Net is listed on the form.
 - If your medication is not listed on the form, you may be required to have your doctor call Health Net for prior authorization to ensure coverage.
- The form(s) must be completed and submitted within the first three months of eligibility with Health Net.
- Fax or mail the completed form(s) to the fax number or address shown on the form.

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

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

Prior authorization: transitioning medications

If you're a new or existing Health Net member and your doctor orders a new medication, check to see if the medication is on Health Net's Essential Drug List and if it requires a prior authorization. If it does require a prior authorization (noted on the Essential Drug List with a "PA" or "EST"), ask your doctor to contact Health Net to request coverage for the prescribed medication.

What is prior authorization?³

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



Save money by using your mail order pharmacy benefits.

Medications that require prior authorization fit one or more of the following criteria:

- Have a high potential for abuse.
- Require laboratory tests/ monitoring for safety reasons.
- Are part of a step-care guideline.
- Used for indications not approved by the FDA or Health Net.
- Have a high potential for "off-label" or experimental use.
- Benefit exclusions or limitations 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 – the amount you pay for certain covered prescription drugs before your plan benefits will pay for covered services. If your plan has a prescription drug deductible, 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.

On some plans, only the prescription drug deductible needs to be met for brand-name prescriptions before benefits are payable, and on some plans the full medical deductible must be met before benefits are payable for any covered prescription drugs. Check your coverage documents² to see if you have a plan prescription drug deductible and how it works with your benefit plan.

Health Net's pharmacy network

Health Net has an extensive pharmacy network so it's easy to find a quality pharmacy right around the corner from where you live or work.

Participating pharmacies include major supermarket-based and privately owned pharmacies throughout California and across the nation, as well as major pharmacy chains. When you fill your prescriptions at a Health Net participating pharmacy, you receive your prescription drugs at the highest available benefit coverage under your plan.

Visit www.healthnet.com (group plans) or www.myhealthnetca.com (IFP plans) for a list of Health Net participating pharmacies.



**Vicki Major,
Health Net**

*We focus on getting you
the health information you
need, when you need it.*

For more information

Call the Health Net Customer Contact Center
at the number shown on the back of your
ID card or visit our website at
www.healthnet.com (group plans) or
www.myhealthnetca.com (IFP plans).

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

Individual and small group HMO and HSP plans are provided by Health Net of California, Inc., and individual and small group PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.