As a Health Net member, you can save time, hassle and costs by using the Maintenance Choice program.

Two options – one choice for convenience!
The Maintenance Choice program gives you two options for filling and refilling your three-month maintenance prescriptions:

1. **At a CVS Pharmacy®**
   - Advantages of a CVS Pharmacy retail location:
     - Pick up your medications directly from the pharmacy at a time that is convenient for you.
     - Same-day prescription availability.
     - Talk face to face with a pharmacist.

2. **Through the CVS Caremark® Mail Service Pharmacy**
   - Advantages of the CVS Caremark Mail Service Pharmacy:
     - Convenient home delivery.
     - Receive your medications in confidential, tamper-resistant and (when necessary) temperature-controlled packaging.
     - Have questions? Talk to a pharmacist by phone.

(continued)

1Not all plans offer Maintenance Choice; please check your plan documents to see which programs are available to you.
2Actual quantity may vary depending on your plan.
3For either option, you may be responsible for a copayment. Please review the prescription details of your health plan for copayment information.
What is a maintenance medication?
A maintenance medication is a prescription drug taken continuously to manage chronic or long-term conditions, such as high blood pressure, asthma, diabetes, or high cholesterol, and when dosage adjustments are either no longer required or made infrequently.

Non-maintenance medications include:
- Antibiotics that treat infections.
- Drugs used for pain and/or acute medical conditions.
- Drugs not taken chronically on an ongoing basis.
- Drugs that have a specified course of therapy.
- Drugs for which the physician must occasionally adjust the dose for a patient.

What is the benefit of this program?
Using mail service or obtaining your maintenance medications from a CVS Pharmacy allows you to fill up to a three-month\(^2\) supply, usually at a reduced copayment, ultimately minimizing your out-of-pocket costs. You’ll enjoy the ease and convenience of mail service, or pick up your medications at a time that is convenient for you at a CVS Pharmacy.

Getting started
There are several ways to start your three-month\(^2\) supply of maintenance medications with CVS Caremark:

- Call the CVS Caremark Maintenance Choice program\(^1\) at 1-888-624-1139 to have your prescriptions filled through the CVS Caremark Mail Service Pharmacy or at a CVS Pharmacy retail location.
- Go to your nearest CVS Pharmacy retail location. The pharmacy will contact your doctor to obtain your three-month\(^2\) prescription.
- Have your doctor send your three-month\(^2\) prescription to the CVS Caremark Mail Service Pharmacy in one of the following ways:
  - Call 1-800-378-5697
  - Fax 1-800-378-0323

For more information
For more information about CVS Caremark, call 1-888-624-1139. To learn more about your pharmacy benefits, call Health Net’s Customer Contact Center at the number listed on your ID card or log in to www.healthnet.com. (Group members) or www.myhealthnetca.com (Individual & Family Plan members).
In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

**Individual & Family Plan (IFP) Members On Exchange/Covered California** 1-888-926-4988 (TTY: 711)

**Individual & Family Plan (IFP) Members Off Exchange** 1-800-839-2172 (TTY: 711)

**Individual & Family Plan (IFP) Applicants** 1-877-609-8711 (TTY: 711)

**Group Plans through Health Net** 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances
PO Box 10348
Van Nuys, CA 91410-0348
Fax: 1-877-831-6019
Email: Member.Discrimination.Complaints@healthnet.com (Members) or Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at https://www.insurance.ca.gov/01-consumers/101-help/index.cfm.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call Individual & Family Plan (IFP) Off Exchange: 1-800-839-2172 (TTY: 711). For California marketplace, call IFP On Exchange 1-888-926-4988 (TTY: 711) or Small Business 1-888-926-5133 (TTY: 711).

For Group Plans through Health Net, call 1-800-522-0088 (TTY: 711).
Russian

Spanish
Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, comuníquese con el Centro de Comunicación con el Cliente al número que figura en su tarjeta de identificación o llame al plan individual y familiar que no pertenece al Mercado de Seguros de Salud al 1-800-839-2172 (TTY: 711). Para planes del mercado de seguros de salud de California, llame al plan individual y familiar que pertenece al Mercado de Seguros de Salud al 1-888-926-4988 (TTY: 711); para los planes de pequeñas empresas, llame al 1-888-926-5133 (TTY: 711). Para planes grupales a través de Health Net, llame al 1-800-522-0088 (TTY: 711).

Tagalog

Thai

Vietnamese