

# Health Net PPO prescription drug program

Health Net Life is contracted with most major chain pharmacies, including Longs, Rite Aid, Sav-on and Walgreens drugstores, and pharmacies located in the Albertsons, BelAir, Raley's, Ralphs, Safeway, Save Mart and Vons/Pavilions supermarket chains. There are many other neighborhood pharmacies that are also part of our network. For a complete and up-to-date list of participating pharmacies, call Health Net PPO Member Services at the number listed on your ID card.

## Prescriptions By Mail drug program

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period), you have the option of filling it through our convenient Prescriptions By Mail drug program. This program allows you to receive up to a 90-day supply of maintenance medications. For complete information, call Member Services.

## The Health Net PPO Recommended Drug List

The Health Net PPO Recommended Drug List is a comprehensive listing of medications covered for illnesses and conditions. It was developed to identify the safest and most effective medications for Health Net members while attempting to maintain

affordable pharmacy benefits. Some recommended drugs may require prior authorization from Health Net Life. For a copy of the Health Net PPO Recommended Drug List, call Member Services at the number listed on your ID card or visit our web site at [www.healthnet.com](http://www.healthnet.com).

## Outpatient prescription medication

**Level I** \$10 primarily generic drugs listed in the Health Net PPO Recommended Drug List

**Level II** \$25 brand name drugs listed in the Health Net PPO Recommended Drug List when generic equivalent is not commercially available

\$25 plus the difference in cost between the brand name drug and the generic equivalent, if you request a brand name drug listed in the Health Net PPO Recommended Drug List when its generic equivalent is commercially available

**Level III** Drugs not on the Recommended Drug List \$35 or the brand name copayment, whichever is greater, when the drug is not on the Health Net PPO Recommended Drug List and not excluded from coverage

\$35 or the brand name copayment, whichever is greater, plus the difference in cost between the brand name drug and the generic equivalent, if you request a brand name drug when its generic equivalent is commercially available or when the drug is not on the Health Net PPO Recommended Drug List

## What's covered

- Prescription drugs, for up to a 30-day supply per prescription from a Health Net Life-contracted pharmacy, for one copayment
- Mail order for maintenance drugs, for up to a 90-consecutive-day supply. The member is responsible for two applicable copayments.
- Drugs prescribed for treating infertility (subject to a 50% copayment)
- Oral contraceptives (copayments apply)

*(Please turn to back of page)*

- Blood glucose monitoring strips and lancets (copayments apply)
- Insulin needles and syringes (copayments apply)
- Diaphragms and cervical caps (copayments apply)

## What's not covered

### Limitations and exclusions

In addition to the exclusion and limitations listed below, prescription drug benefits are subject to the plan's general exclusions and limitations.

- Drugs prescribed for treating sexual dysfunction
- Allergy serum<sup>2</sup>
- Devices or appliances (except diaphragms or cervical caps), contraceptive foams, abortifacients or menstrual induction drugs
- Cosmetics, health or beauty aids, or drugs prescribed for cosmetic reasons, including drugs prescribed for baldness or to eliminate wrinkles
- Drugs that are appetite suppressants or are indicated for and prescribed for body weight reduction
- Drug products that help you quit smoking (e.g., nicotine patches)
- Drugs or medicines administered by a physician or physician's staff member<sup>3</sup>
- Experimental drugs (those that are labeled "Caution – Limited by the Federal Law to investigational use only")
- Hypodermic needles or syringes, except when dispensed for use with insulin
- Immunizing agents, injections (except for insulin), agents for surgical implantation, biological sera, blood, blood derivatives or blood plasma<sup>3</sup>
- Individual doses of medication dispensed in plastic or foil packages
- Over-the-counter drugs, or a drug where there is a nonprescription equivalent available, except for insulin

- Oxygen<sup>3</sup>
- Replacement of lost, stolen or damaged medications
- Services or supplies for which there is no charge, or for which you are not legally required to pay
- Supply amounts (for any number of days) that exceed the Food and Drug Administration's indicated usage or Health Net Life's recommendations
- Vitamins, nutritional supplements or homeopathic products

<sup>1</sup>Must be approved by Health Net Life.

<sup>2</sup>These items are covered under the medical coverage portion of your plan only if your employer has purchased the coverage.

<sup>3</sup>These items are covered under the medical coverage portion of your plan.

**This is only a summary. Consult your plan or Certificate of Insurance to determine the exact terms and conditions of your coverage.**