



Pam White
Health Net

FlexChoice Rx

Health Net Pharmacy Benefits

At Health Net, we understand that choice and flexibility are important to you and your family. That's why we developed our FlexChoice Preferred pharmacy plans. Each covered prescription drug is assigned to one of the tiers in the chart below.

Mail order convenience

If your prescription is for a drug you take regularly, you have the option of filling it through our convenient mail order drug program. This program allows you to receive up to a 3-month supply of the prescription. For complete details, log on to our website at www.healthnet.com > *My Pharmacy Benefits > Mail Order Pharmacy.*

Benefit level	Retail	Mail order
Tier 1	\$10 copay per prescription	\$30 by mail
Tier 2	\$30 copay per prescription	\$90 by mail
Tier 3	\$45 copay per prescription	\$135 by mail

Specialty tier prescriptions

These include select injectable, infused, oral or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Most specialty drugs are used to treat chronic diseases and require prior authorization. They are typically not available by mail. Insulin is not considered a specialty drug. A current list of specialty drugs can be found by logging on to www.healthnet.com > *View Prescription Coverage > Drug List (printable) > View our Drug Lists > Specialty Tiers.*

Benefit level	Specialty pharmacy benefit copayments
Tier S1	\$75 copay per prescription
Tier S2	\$100 copay per prescription
Tier S3	\$150 copay per prescription
Tier S4	\$300 copay per prescription



For questions regarding your pharmacy plan, please call the Customer Contact Center at 1-800-289-2818.

What is covered

The following are covered under the Health Net pharmacy benefit:

- Drugs listed in the Preferred Drug List
- Prescription drugs, up to a 31-day supply
- Diabetic prescription drugs and supplies – Your Schedule of Benefits will contain complete details.

What is not covered

The following are not covered under the Health Net pharmacy benefit:

- Drugs obtained at non-participating pharmacies
- Over-the-counter medications (unless listed on the formulary)
- Infertility drugs
- Your Schedule of Benefits will contain a complete listing of any additional exclusions and limitations that may apply.