



Pam White
Health Net

FlexChoice Rx

Health Net Pharmacy Plan Overview

At Health Net of Arizona, Inc. and Health Net Life Insurance Company, 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 in to our website at www.healthnet.com > *Pharmacy Coverage > Benefits > Mail Order Convenience.*

<i>Benefit level</i>	<i>Retail</i>	<i>Mail order</i>
Tier 1	\$10 retail	\$20 by mail
Tier 2	\$25 retail	\$50 by mail
Tier 3	\$40 retail	\$80 by mail
Out-of-pocket maximum, medical and pharmacy combined	\$1,000 Single / \$2,000 Family	
Anti-cancer medications	0%	

Specialty tier prescriptions

These are 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 in to www.healthnet.com > *My Prescriptions > View my drug list > Specialty Drug List.*

<i>Benefit level</i>	<i>Specialty pharmacy benefit copayments</i>
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.

(continued)

What is covered

The following are covered under the Health Net pharmacy benefit:

- Drugs listed in the Preferred Drug Lists
- Prescription drugs, up to a 30-day supply
- Diabetic prescription drugs and supplies
- ACA preventive benefits at \$0 copay

Exclusions and limitations

- No medical deductible applied to pharmacy benefit
- Over-the-counter medications, unless listed in the formulary or prescribed for the treatment of diabetes or smoking cessation, or unless determined to be preventive as recommended by the United States Preventive Services Task Force (USPSTF) A and B recommendations (medications listed at www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm)
- Drugs obtained out of the service area
- Take-home prescription drugs and medications from a facility
- Supplies, medications and equipment labeled 'Caution - Limited by Federal Law to Investigational Use' and/or deemed experimental, unproved or investigational, except for cancer drugs
- Supplies, medications and equipment dispensed by nonparticipating providers, unless preauthorized by Health Net
- Drugs or dosage amounts that are ineffective, unproven or unsafe for the indication for which they have been prescribed
- Supplies, medications and equipment for other than FDA-approved indications ("off label"), except for certain FDA-approved drugs and for the treatment of cancer in accordance with state law provided that the drug is not contraindicated by the FDA for the off-label use prescribed; or for the treatment of other specific medical conditions provided the drug is not contraindicated by the FDA for the off-label use prescribed and such use has been proven safe, effective, and accepted for the treatment of the condition as evidenced by supporting documentation in any one of the following:
 - (a) the American Hospital Formulary Service Drug Information or the United States Pharmacopoeia Drug Information; or
 - (b) results of controlled clinical studies published in at least two peer-reviewed national professional medical journals
- Replacement prescriptions for any reason
- Medications for sexual dysfunction or infertility
- Medications used for cosmetic purposes
- Vitamins, except those included on Health Net's Preferred Drug Lists
- Drugs, weight reduction programs and related supplies to treat obesity
- Drugs used for opiate dependency
- Methadone maintenance treatment for the purpose of long-term opiate craving reduction
- Medications prescribed by a dentist, except for medications prescribed as preventive as described previously
- Human growth hormone except for children or adolescents who have growth hormone deficiency causing slow growth/infantile hypoglycemia/hypothalamic or pituitary condition or short stature and slow growth due to Turner syndrome, Prader-Willi syndrome, chronic renal insufficiency prior to transplantation, and central nervous system tumor treated with radiation
- Enteral nutrition in situations involving temporary impairments, except when medically necessary
- Enteral nutrition for members with a functioning gastrointestinal tract whose need for enteral nutrition is due to anorexia, nausea associated with a mood disorder, end-stage renal disease, or other impairments unrelated to the gastrointestinal tract
- Enteral nutrition when adequate nutrition is possible by dietary adjustment, counseling and/or oral supplements

In Arizona, Health Net of Arizona, Inc. underwrites benefits for HMO plans, and Health Net Life Insurance Company underwrites benefits for indemnity plans and life insurance coverage. Health Net of Arizona, 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.

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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 1-800-289-2818 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

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 us at the number listed on your ID card. Individual & Family Plan members please call 1-888-926-5057 (TTY: 711); Small Business members please call 1-888-926-5122 (TTY: 711). Employer group members please call 1-800-289-2818 (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء خطة الأفراد والعائلة الاتصال على الرقم 1-888-926-5057 (TTY: 711)؛ ويرجى من أعضاء الأعمال الصغيرة الاتصال على الرقم 1-888-926-5122 (TTY: 711). يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-800-289-2818 (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。個人與家庭計畫的會員請致電 1-888-926-5057 (TTY: 711) 小型企業的會員請致電 1-888-926-5122 (TTY: 711)。雇主團體的會員請致電 1-800-289-2818 (TTY: 711)。

French

Aucun service linguistique avec coût. Vous pouvez obtenir un interprète. Les documents peuvent être lus pour vous. Pour obtenir de l'aide, appelez-nous au numéro figurant sur votre carte d'identité. Membres des programmes pour particuliers et familles, veuillez composer le 1-888-926-5057 (TTY: 711). Membres des programmes pour petites entreprises, veuillez composer le 1-888-926-5122 (TTY: 711). Membres du groupe d'employeurs, veuillez composer le 1-800-289-2818 (TTY: 711).

German

Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Mitglieder von Einzel- und Familienpolicen rufen bitte unter 1-888-926-5057 (TTY: 711) an; Kleinunternehmen-Mitglieder rufen bitte unter 1-888-926-5122 (TTY: 711) an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-800-289-2818 (TTY: 711) an.

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話ください。個人および家族向けプランのメンバーの方は1-888-926-5057 (TTY: 711) まで、小規模企業メンバーの方は1-888-926-5122 (TTY: 711)までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-800-289-2818 (TTY: 711) までお電話ください。

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 개인 및 가족 계획가입자분은 1-888-926-5057 (TTY: 711)번으로 전화해 주시고, 소기업가입자분은 1-888-926-5122 (TTY: 711)번으로 전화해 주십시오. 고용주 그룹 가입자분은 1-800-289-2818 (TTY: 711)번으로 전화해 주십시오.

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah dóó ła' da hach'í' él'íjh. Shíká a'doowoł nínízingo naaltsoos bee néiho'dółzinígíí bikáa'gi béésh bee hane'í bikáa' áajj' hodíílnih. T'áá hó dóó ha'áłchíní bił hak'é'ésti'ígíí koji' hojilnih 1-888-926-5057 (TTY: 711); Small business deiłníní atah nílįgo éi koji' hólne' 1-888-926-5122 (TTY: 711). Employer groupojí atah nílįgo éi koji' hodíílnih 1-800-289-2818 (TTY: 711).

کسب اطلاعات، با ما به شماره ای که در کارت شناسایی شما قید شده تماس بگیرید. اعضای برنامه انفرادی و خانواده لطفاً با شماره 1-888-926-5057 (TTY: 711) تماس بگیرید؛ اعضای واحد بازرگانی کوچک با شماره 1-888-926-5122 (TTY: 711) تماس بگیرید. اعضای گروه کارفرما لطفاً با شماره 1-800-289-2818 (TTY: 711) تماس بگیرید.

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Участники планов для семей и частных лиц: звоните по телефону 1-888-926-5057 (TTY: 711). Участники планов для малых предприятий: звоните по телефону 1-888-926-5122 (TTY: 711). Участники групповых планов, предоставляемых работодателем: звоните по телефону 1-800-289-2818 (TTY: 711).

Besplatne jezičke usluge. Možemo vam obezbediti tumača. Možemo vam pročitati vaše dokumente. Ukoliko vam je potrebna pomoć, nazovite broj napisan na vašoj zdravstvenoj kartici. Molimo članove individualnog i porodičnog plana da nazovu 1-888-926-5057 (TTY: 711); molimo članove malog preduzeća da nazovu 1-888-926-5122 (TTY: 711). Molimo članove grupe osigurane preko poslodavca da nazovu 1-800-289-2818 (TTY: 711).

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación. Los afiliados de planes individuales y familiares deben llamar al 1-888-926-5057 (TTY: 711); los afiliados de pequeñas empresas deben llamar al 1-888-926-5122 (TTY: 711). Los afiliados del grupo del empleador deben llamar al 1-800-289-2818 (TTY: 711).

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Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card. Para sa mga miyembro ng Plano para sa Indibiduwal at Pamilya mangyaring tawagan ang 1-888-926-5057 (TTY: 711); Para sa mga miyembro na Maliit na Negosyo, mangyaring tawagan ang 1-888-926-5122 (TTY: 711). Para sa mga miyembro ng grupo ng empleyado, mangyaring tawagan ang 1-800-289-2818 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ สมาชิกแผนบุคคลและครอบครัว กรุณาโทร 1-888-926-5057 (TTY: 711); สมาชิกธุรกิจขนาดเล็ก กรุณาโทร 1-888-926-5122 (TTY: 711) สมาชิกกลุ่มนายจ้าง กรุณาโทร 1-800-289-2818 (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị. Các thành viên của Chương Trình Cá Nhân & Gia Đình vui lòng gọi số 1-888-926-5057 (TTY: 711); Các thành viên thuộc Doanh Nghiệp Nhỏ vui lòng gọi số 1-888-926-5122 (TTY: 711). Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-800-289-2818 (TTY: 711).

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AZ Commercial On and Off-Exchange Member Notice of Language Assistance

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