



Health Net®

**Health Net Health Plan of Oregon, Inc.**  
**Prescription Benefits**  
**YOUR RIGHT TO SAFE AND EFFECTIVE PHARMACY SERVICES**

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under this plan, or if you have a question or a concern about your pharmacy benefit, please contact Health Net at 1-888-802-7001.

If you would like to know more about your rights under the law, or if you think anything you received from this plan may not conform to the terms of your contract, you may contact the Washington State Office of Insurance Commissioner at 1-800-562-6900. If you have a concern about the pharmacists or pharmacies serving you, please call the State Department of Health Washington State Board of Pharmacy at 360-236-4700.

**"Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?"**

The Plan formulary is called the Preferred Drug List (PDL) and is maintained by the Health Net Pharmacy and Therapeutics Committee. The Pharmacy and Therapeutics Committee includes local and national practicing physicians and pharmacists who review FDA approval information and clinical research studies to make formulary recommendations and decisions. A copy of the current PDL is available through the Customer Contact Center at (888) 802-7001 or visit our website at [www.healthnet.com](http://www.healthnet.com).

Formulary and drug product decisions are based on the following:

- Proven safety and effectiveness
- Accepted for use by the medical community
- Economical efficiency

The term "Medically Necessary" as used in the Prescription Benefits Supplemental Benefit Schedule follows the same definition as indicated in your plan contract.

An approved generic equivalent shall mean a generic drug has been given an "A" therapeutic equivalent code by the Department of Health and Human Services.

If a generic equivalent exists, but a brand name drug is requested you pay:

The applicable Tier 3 Copayment.

Your out-of-pocket expense will not exceed the pharmacy's retail price for the drug.

Please refer to your Prescription Benefits Supplemental Benefit Schedule for specific information regarding limitations, exclusions, and substitutions for drugs.

**"When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?"**

The PDL (formulary) is reviewed and updated on an ongoing basis, and it may be revised up to four times per year based on the recommendations of the Pharmacy and Therapeutics Committee. Most changes involve the addition of new drugs to the formulary. Changes to existing formulary drugs may impact a drug you are using and may require a higher copayment.

**"What should I do if I want a change from limitations, exclusions, substitutions or cost increases for drugs specified in this plan?"**

If you receive a denial or partial denial of an authorization request you may contact a Pharmacy Services representative to discuss the determination. If additional information is presented or may be obtained from your physician for consideration against the prior authorization criteria, a second review may be requested. You may contact a Pharmacy Services representative at (888) 802-7001 between the hours of 9:00-12:00 and 1:00-5:00 Monday through Friday, excluding holidays. You have the right to appeal the denial or partial denial of an authorization request. The appeal must be submitted either orally or in writing within 180 days of the date of the denial notice. We will resolve and respond in writing to appeals within 30 days (14 days for Washington plan members). If a delay could seriously jeopardize your life or health you may request an expedited review in writing or over the phone by contacting a Pharmacy Service representative. Expedited reviews are completed not later than 72 hours following receipt. Send written appeals to:

Health Net Health Plan of Oregon  
Attention: Grievances and Appeals  
13221 SW 68<sup>th</sup> Parkway  
Tigard, OR 97223-8328

### **"How much do I have to pay to get a prescription filled?"**

- Tier 1 is the lowest Copayment/Coinsurance level. This level includes but is not limited to most generic drugs.
- Tier 2 is the intermediate Copayment/Coinsurance level. This level includes but is not limited to preferred brand name drugs that have no generic equivalent.
- Tier 3 is the highest Copayment/Coinsurance level. This level includes but is not limited to generic and brand name drugs that are not listed in Tier 1 or Tier 2. In most cases there are alternatives in Tier 1 or 2 for drugs found in this highest tier.

Please refer to your Prescription Benefits Supplemental Benefit Schedule for specific information on your prescription drug costs.

### **"Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?"**

Prescriptions must be purchased at a Participating Pharmacy in order to be covered under the prescription benefit. Most major pharmacy chains are part of the Health Net Network. There are approximately 1,200 independent and chain pharmacies in the state of Washington that are participating with Health Net. If you need to verify that a specific pharmacy is participating with Health Net, please call the Customer Contact Center at (888) 802-7001 or visit our website at [www.healthnet.com](http://www.healthnet.com).

### **"How many days' supply of most medications can I get without paying another co-pay or other repeating charge?"**

You may receive up to a 30-day supply when ordered in a participating retail pharmacy.

You may receive up to a 90-day supply when ordered through our contracted mail order pharmacy.

Some drugs, including but not limited to compounded medications, require Prior Authorization and/or may have a dosage or quantity restriction set by the Plan.

If your physician has increased your dose, he needs to notify your pharmacy of the change in directions. Your pharmacy may contact us for an override if this change will result in an early refill request.

Please refer to your Prescription Benefits Supplemental Benefit Schedule for information on the days' supply available under your benefit.

### **"What other pharmacy services does my health plan cover?"**

There are no additional pharmacy services covered under the Policy.