

# UC Blue & Gold HMO Pharmacy Benefits

Benefits and coverage	Description	Member responsibility
<b>Tier 1 – Generic</b>	Drugs listed on the Health Net formulary (primarily generic)	\$10
<b>Tier 2 – Brand, preferred</b>	Drugs and diabetic supplies (including insulin) listed on the Health Net formulary (primarily brand name)	\$30
<b>Tier 3 – Non-preferred</b>	Drugs include non-preferred Brand Name Drugs, Brand Name Drugs with a generic equivalent (when Medically Necessary)	\$50
<b>Tier 4 – Specialty<sup>1</sup></b>	High-cost drugs used to treat complex medical conditions	30% (\$150 max)
<b>Out-of-pocket maximum</b>	Per calendar year, combined with the Medical out-of-pocket maximum.	\$1,000/\$3,000

## Mail order convenience

If your prescription is for a maintenance medication (a drug that you will be taking for an extended period of time), you have the option of filling it through one of our convenient and cost-saving mail order pharmacy programs. UC walk-up pharmacy, CVS retail pharmacy or CVS Caremark mail order pharmacy. Under this program, your copayments for up to a 90-day supply are:

Benefit level	Member responsibility
<b>Tier 1 – Generic</b>	\$20
<b>Tier 2 – Brand, preferred</b>	\$60
<b>Tier 3 – Non-preferred</b>	\$100

For complete information, log on as a Health Net member at [www.healthnet.com/uc](http://www.healthnet.com/uc) > **Plan Details > Pharmacy** or call Member Services at **800-539-4072**.



Manufacturer copay cards may be available for some medications

## Generic substitutions

Generic drugs will be dispensed when a generic drug equivalent is available. Health Net will cover brand-name drugs that have generic equivalents only when the brand-name drug is medically necessary and the physician obtains prior authorization from Health Net, subject to copayment requirements described in the member’s Schedule of Benefits.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage.

### Health Net’s Nondiscrimination Notice

<sup>1</sup>Specialty drugs are available up to a 30-day supply. Not all Specialty Drugs fall into this coinsurance category. Some Specialty Drugs fall into the retail copay tiers. Please refer to the Health Net 3-Tier with Specialty Drug List. Copay discount cards may also be available to make your prescription costs lower.

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