

HEALTH NET ORANGE  
PRESCRIPTION DRUG PLAN

# SUMMARY OF BENEFITS 2008

*California*

BENEFITS EFFECTIVE JANUARY 1, 2008

(S5678-002) PDP OPTION 1: 2 TIER

(S5678-008) PDP OPTION 2: 3 TIER

HEALTH NET A *better* DECISION™



**Health Net®**  
MEDICARE PROGRAMS



# INTRODUCTION TO THE SUMMARY OF BENEFITS FOR HEALTH NET ORANGE

## **January 1, 2008 – December 31, 2008**

Thank you for your interest in Health Net Orange. Our plan is offered by HEALTH NET LIFE INS CO / HEALTH NET INS OF NY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Health Net and ask for the "Evidence of Coverage".

## **YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Health Net Orange. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

## **HOW CAN I COMPARE MY OPTIONS?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by

Health Net Orange to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## **WHERE IS HEALTH NET ORANGE AVAILABLE?**

The service area for this plan includes: California. You must live in one of these areas to join this plan. If you move out of the state where you live, into a state listed above, you must call customer service in order to update your information. If you do not, you may be disenrolled from Health Net Orange. If you move into a state not listed above, please call Customer Service to find out if Health Net Orange has a plan in your new State or County.

## **WHO IS ELIGIBLE TO JOIN?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Health Net Orange does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## **WHERE CAN I GET MY PRESCRIPTIONS?**

Health Net Orange has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Health Net Orange uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that

limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at [www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm](http://www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm).

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

#### **WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details. If you or your spouse has, or is able to get, employer group

coverage, you should talk to your employer to find out how your benefits will be affected if you join Health Net Orange. Get this information before you decide to enroll in this plan.

#### **HOW CAN I GET HELP WITH MY DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Health Net Orange, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

#### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Health Net Orange, you have the right to request a coverage determination, which includes the right to request an

exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as the limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

#### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected.

Please call Health Net for more information about this plan.

Visit us at [www.healthnet.com](http://www.healthnet.com) or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday,  
Thursday, Friday, Saturday,

8:00 a.m. - 8:00 p.m.

Current members should call  
1-800-806-8811.

(TTY/TDD 1-800-929-9955)

Prospective members should call  
1-800-865-9431.

(TTY/TDD 1-800-929-9955)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or, visit **[www.medicare.gov](http://www.medicare.gov)** on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Health Net for details.

# SUMMARY OF BENEFITS

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET ORANGE OPTION 2
<b>Prescription Drugs</b>		<b>Drugs covered under Medicare Part D General</b>	<b>Drugs covered under Medicare Part D General</b>
		<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="https://www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm">https://www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm</a> on the web.</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="https://www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm">https://www.healthnet.com/portal/medicare/content.do?resource=findADrug.htm</a> on the web.</p>
		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>	<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>
		\$16.70 monthly premium	\$30.20 monthly premium
		<p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>	<p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>
		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET ORANGE OPTION 2
		<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>
		<p>Some drugs have quantity limits.</p>	<p>Some drugs have quantity limits.</p>
		<p>Your provider must get prior authorization from Health Net Orange Option 1 for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>Your provider must get prior authorization from Health Net Orange Option 2 for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>
		<p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>	<p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>
		<p>You may have to pay more than your copay if you choose to use a higher cost drug when a lower cost drug is available.</p>	<p>You may have to pay more than your copay if you choose to use a higher cost drug when a lower cost drug is available.</p>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET ORANGE OPTION 2
In-Network		<p>\$275 deductible on all drugs except generic drugs.</p> <p>You pay \$0 copay for generic drugs until you reach the deductible.</p>	\$0 deductible.
Initial Coverage		<p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2510:</p>	<p>You pay the following until total yearly drug costs reach \$2510:</p>
Retail Pharmacy		<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs</li> <li>• \$0 copay for a three-month (90-day) supply of drugs</li> <li>• \$0 copay for a 60-day supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (30-day) supply of drugs</li> <li>• \$120 copay for a three-month (90-day) supply of drugs</li> <li>• \$80 copay for a 60-day supply of drugs</li> </ul>	<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs</li> <li>• \$15 copay for a three-month (90-day) supply of drugs</li> <li>• \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (30-day) supply of drugs</li> <li>• \$90 copay for a three-month (90-day) supply of drugs</li> <li>• \$60 copay for a 60-day supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs</li> <li>• \$225 copay for a three-month (90-day) supply of drugs</li> <li>• \$150 copay for a 60-day supply of drugs</li> </ul>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET ORANGE OPTION 2
Long Term Care Pharmacy		<p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 25% coinsurance for a 60-day supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 25% coinsurance for a 60-day supply of drugs</li> </ul>	<p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 33% coinsurance for a 60-day supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 33% coinsurance for a 60-day supply of drugs</li> </ul>
		<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (34-day) supply of drugs</li> </ul>	<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of drugs</li> </ul>
		<p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (34-day) supply of drugs</li> </ul>	<p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (34-day) supply of drugs</li> </ul>
		<p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs</li> </ul>	<p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (34-day) supply of drugs</li> </ul>
	<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs</li> </ul>	<p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul>	
		<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul>	

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET ORANGE OPTION 2
Mail Order		<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (90-day) supply of drugs</li> <li>• \$0 copay for a 60-day supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a three-month (90-day) supply of drugs</li> <li>• \$80 copay for a 60-day supply of drugs</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 25% coinsurance for a 60-day supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 25% coinsurance for a 60-day supply of drugs</li> </ul>	<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$10 copay for a three-month (90-day) supply of drugs</li> <li>• \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$60 copay for a three-month (90-day) supply of drugs</li> <li>• \$60 copay for a 60-day supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$188 copay for a three-month (90-day) supply of drugs</li> <li>• \$150 copay for a 60-day supply of drugs</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 33% coinsurance for a 60-day supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a three-month (90-day) supply of drugs</li> <li>• 33% coinsurance for a 60-day supply of drugs</li> </ul>

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET ORANGE OPTION 2
Coverage Gap		After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.	After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>
Out-of-Network		Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.

BENEFIT	ORIGINAL MEDICARE	HEALTH NET ORANGE OPTION 1	HEALTH NET ORANGE OPTION 2
Out-of-Network Initial Coverage		After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2510:	You pay the following until total yearly drug costs reach \$2510:
Out-of-Network Pharmacy		<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs</li> </ul>	<p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul>
Out-of-Network Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>



# PRESCRIPTION MEDICATIONS MADE EASY!

Health Net makes it easy and convenient for you to get the quality medications you need at a low, affordable price! Your Health Net Medicare Prescription Plan provides coverage for many medications commonly used by Medicare members including generic, brand, and some injectable and specialty medications. To obtain the most value for your prescription benefits coverage, you should ask your physician to prescribe medications on the Health Net Medicare Formulary, which have been approved by the Centers for Medicare & Medicaid Services (CMS).

## HOW MUCH WILL I PAY?

CMS establishes a clear definition of the benefit options that all Medicare Prescription Drug Plan sponsors may offer. In addition to monthly premiums, Option 1 has a deductible whereas Option 2 does not have a deductible. For those members in the Option with the deductible, the deductible counts towards the member's out-of-pocket drug expenditures. Health Net members will be responsible for their member copayments until they reach the plan's initial coverage limit. It is important to note that the majority of Medicare beneficiaries do not reach this initial coverage limit. If you reach your initial coverage limit, you will be responsible for the full cost of the medication, which will be available to you at Health Net's discounted rate with the pharmacy (discounts may vary between pharmacies).

## WHAT IS THE FORMULARY (DRUG LIST)?

Health Net's Medicare Formulary is a list of medications prescribed for most medical conditions that are safe, effective and affordable. All the medications on the formulary are covered under your prescription benefit. Physicians and specialists refer to this list when choosing drugs for their patients who are members of a Health Net Medicare Prescription Drug Plan. This ensures that you receive a prescription medication of high quality and value. The list is updated quarterly, based on input from the Health Net Pharmacy and Therapeutics

(P&T) Committee, a group of multi-specialty practicing physicians and clinical pharmacists. The list may also change as new clinical information becomes available, as brand medications become available in generic, and as new drugs are approved or re-evaluated by the U.S. Food and Drug Administration (FDA).

## HOW DO I FIND OUT IF MY PRESCRIPTION IS ON THE FORMULARY?

When your doctor prescribes a medication, ask if it is on the Health Net Medicare Formulary. If you already have the prescription, you can find out if it is on the list by calling the Customer Service telephone number located on the back cover. For current members, you can also log on to [www.healthnet.com](http://www.healthnet.com), go to "View Prescription Coverage" and click on "Your Drug List." For prospective members, simply log on to [www.healthnet.com](http://www.healthnet.com), click on "View Our Drug List," then select your region.

## WHICH PHARMACIES CAN I USE?

It's easy to fill your prescriptions, too. When making a prescription drug purchase, you may use your Health Net identification card at any of our participating pharmacies. You may also use our convenient Mail Order Service by calling 1-800-316-3106 (TTY/TDD 1-800-972-4348) 24 hours a day, 7 days a week. For a list of participating pharmacies, please refer to your pharmacy directory. Prescription drugs may be purchased out-of-network in special circumstances. Refer to your Evidence of Coverage or call the Customer Service telephone number on the back cover for more information. You can also log on to [www.healthnet.com](http://www.healthnet.com) and click on the "Medicare Prescription Drug Coverage" link.

## HOW DO I USE THE MAIL ORDER DRUG PROGRAM?

Medications ordered through the mail order program should be for treatment of long-term, ongoing medical problems in which the drug dosage has already been determined (referred to as "maintenance drugs").

Your medication is a maintenance medication if:

- Taken continuously to manage chronic or long-term conditions.
- You respond positively to the drug treatment.
- Dosage adjustments are either no longer required or are made infrequently.

If you receive your medications from the mail order pharmacy in Health Net's network, you can receive up to a three-month supply at a reduced copayment. Mail order is convenient, easy to use, offers less expensive copayments, and has free delivery to anywhere in the United States.

For more information about the Mail Order Drug Program, please call the Customer Service telephone number located on the back cover.

**Please note:**

**If you currently are a member of a Medicare Advantage (MA) plan, you must sign up for your Medicare Part D pharmacy plan through your MA plan. If you sign up for a different Medicare Part D pharmacy plan, Medicare automatically will disenroll you from your current MA plan.**



**Health Net®**

MEDICARE PROGRAMS

*Health Net Medicare Programs*  
*P.O. Box 870502*  
*Surfside Beach, SC 29587-8713*

**For more information, please contact us at:**

Current members, please call:

1-800-806-8811, 8:00 a.m. – 8:00 p.m., 7 days a week.

Prospective members, please call:

1-800-865-9431, 8:00 a.m. – 8:00 p.m., 7 days a week.

TTY / TDD (Telecommunications Device for the Deaf):

1-800-929-9955, 8:00 a.m. – 8:00 p.m., 7 days a week.

**[www.healthnet.com](http://www.healthnet.com)**

Health Net Orange is offered by Health Net Life Insurance Company and Health Net Insurance of New York, Inc., organizations with Medicare contracts. Anyone with Medicare Part A and/or Part B may apply. Health Net Life Insurance Company and Health Net Insurance of New York, Inc. are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.

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