

HSA

Comparison Guide



Health Plan & Formulary
A Simple Resource to Help You Understand Your Benefits

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Health. Wellness. Savings.

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What Does Rx Formulary Mean?

An Rx formulary is an approved list of drugs which have been reviewed for safety, quality, effectiveness and cost by the physicians and pharmacists on a Healthcare Service Plan's Rx review panel. A non-formulary drug refers to a drug which is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has their own formulary or approved drug list which is reviewed on a regular basis.

How To Use This Comparison Guide

If you are currently using a brand name drug prescription:

Proceed to the alphabetical listing of brand drugs on pages 6-7. Next to each brand name drug is its formulary/non-formulary status in each Healthcare Service Plan. For your convenience, a generic equivalent—if one is available—is listed directly underneath each brand listing.

If you can't find your prescription drug in this booklet, or your drug is considered non-formulary:

Visit our online formulary guide at www.hsacalifornia.com or contact your Healthcare Service Plan.

A Note To Members

Prior to using this Comparison Guide to make a benefit or Healthcare Service Plan decision, please call the Healthcare Service Plan directly to confirm the accuracy of the information provided. Healthcare Service Plan phone numbers are listed on the back cover of this booklet.

This booklet is a summary only. The *Evidence of Coverage* and the *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided in this brochure is not intended for use as a benefit summary, nor is it designed to serve as the *Evidence of Coverage* or *Certificate of Insurance*.

Health Plan Accreditation Status

What is NCQA Accreditation?

NCQA stands for the National Committee for Quality Assurance, a not-for-profit organization that evaluates how well a Healthcare Service Plan manages its clinical and administrative systems in order to improve health care quality for its members.

An NCQA team of physicians and managed care experts conducts rigorous on and off site evaluations. A national oversight committee — made up of physicians — analyzes the team's findings and assigns an Accreditation level based on the plan's performance compared to NCQA standards. NCQA has purposely set high standards to encourage Healthcare Service Plans to enhance their quality. Below are the latest ratings from the NCQA for health plans participating in HSA California.

The following HMOs have an "Excellent" rating from the NCQA for their commercial products:

Kaiser Permanente
Western Health Advantage



Rx Benefits/Copays¹

HMO Rx Benefits:

Based on the benefit level you choose each HSA California® HMO offers copay benefits for brand and generic drugs included on each Healthcare Service Plan's Formulary Listing. Each Healthcare Service plan maintains a different formulary listing of prescription drugs that they will cover. Our Health Plan & Formulary Comparison Guide is provided to assist you in looking up some of the more commonly prescribed drugs. These are the standard HMO prescription benefits for brand and generic drugs (covers a 30 day supply):

Service	Kaiser Permanente HMO 2200	Kaiser Permanente HMO 2600	Western Health Advantage HMO 1800	Western Health Advantage HMO 2800B
Generic	\$10 copay	\$10 copay	No Charge	\$10 copay
Brand	\$20 copay	\$30 copay	No Charge	\$30 copay
Non-Formulary	See opposite page for plan specific information			
Mail Order	See opposite page for plan specific information			

PPO Rx Benefits:

	Health Net PPO 2500		Health Net PPO 3500		Health Net PPO 4500	
	Participating Pharmacy	Non-Participating Pharmacy	Participating Pharmacy	Non-Participating Pharmacy	Participating Pharmacy	Non-Participating Pharmacy
Generic	\$15 Copay	50%	\$15 Copay	50%	\$15 Copay	50%
Brand	\$30 Copay	50%	\$30 Copay	50%	\$30 Copay	50%
Non-Formulary	\$50 Copay	50%	\$50 Copay	50%	\$50 Copay	50%

Indemnity Rx Benefits:

(Only available to those out-of-state and not eligible for PPO plans. This is not an HSA-compatible plan.)

	Health Net Flex Net	
	Participating Pharmacy	Non-Participating Pharmacy
Generic	20%	20%
Brand	20%*	20%*
Non-Formulary	20%*	20%*
Rx Deductible	\$75	\$75

* Member must first try and fill with Generic first. If the member opts for brand without first trying generic, additional ancillary copay may apply.

¹ All services are subject to the Calendar Year deductible for HSA-compatible plans unless otherwise noted.

Non-Formulary & Mail Order Rx Benefits/Copays

An Rx Formulary is an approved list of drugs which have been reviewed for safety, quality, effectiveness and cost by the physicians and pharmacists on a Healthcare Service Plan's Rx review panel. A non-formulary drug refers to a drug which is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has their own formulary, or approved drug list, which is reviewed on a regular basis.

Experimental, non-FDA approved, not medically necessary and over-the-counter drugs are not covered under the Non-Formulary benefit of any Healthcare Service Plan. As always, please confirm all information directly with the Healthcare Service Plan prior to making an enrollment decision or accessing coverage.

Non-Formulary Benefit

Health Net PPO	Kaiser Permanente HMO	Western Health Advantage HMO	Health Net Flex Net
\$50 Copay	Covered at appropriate copay if deemed medically necessary by Kaiser Permanente Physician	HMO 1800 – No Charge HMO 2800B – \$50 copay	Member has a 20% copay for all medications regardless of formulary alternatives

Mail Order Benefit

Plan	Health Net PPO (90 day supply)
PPO 2500	\$30 Generic / \$60 Brand / \$100 Non-Formulary
PPO 3500	\$30 Generic / \$60 Brand / \$100 Non-Formulary
PPO 4500	\$30 Generic / \$60 Brand / \$100 Non-Formulary

Plan	Kaiser Permanente HMO (100 day supply)
HMO 2200	\$20 Generic / \$40 Brand
HMO 2600	\$20 Generic / \$60 Brand

Plan	Western Health Advantage HMO (90 day supply)
HMO 1800	No Charge
HMO 2800B	\$25 Generic / \$75 Brand / \$125 Non-Formulary

Plan	Health Net Flex Net (90 day supply)
Flex Net	20% coinsurance x 3 months <i>Members are allowed to use the Rx by mail program, however they are not given any type of discount</i>

Note: All services are subject to the Calendar Year deductible for HSA-compatible plans unless otherwise noted.

Brand Name/Generic Coverage *Generic equivalent in italics*

Western Health Advantage HMO
Kaiser Permanente HMO
Health Net PPO

Western Health Advantage HMO
Kaiser Permanente HMO
Health Net PPO

Western Health Advantage HMO
Kaiser Permanente HMO
Health Net PPO

Accolate <i>Zafirlukast</i>	✓*	NL*	NL
Accupril <i>Quinapril HCl</i>	✓✓	NL*	✓✓
Adalat CC <i>Nifedipine</i>	✓✓	NL*	✓✓
Allegra <i>Fexofenadine HCl</i>	✓*	NL*	✓✓
Altace <i>Ramipril</i>	✓*	NL*	NL
Ambien <i>Zolpidem</i>	NR*	N - ✓ S - NL*	✓✓*
Ativan <i>Lorazepam</i>	✓✓	✓	✓✓
Atrovent <i>Ipratropium Bromide</i>	✓✓	N - NL* S - ✓	✓✓
Avita <i>Tretinoin</i>	✓✓	✓	✓✓*
Axid <i>Nizatidine</i>	✓✓	NL*	NL
Bactrim DS <i>Sulfamethoxazole-Trimethoprim</i>	✓✓	✓	✓✓
Beconase AQ <i>No Generic Available</i>	✓*	NL*	✓
Biaxin <i>Clarithromycin</i>	✓✓*	✓	✓✓
Cardizem CD <i>Diltiazem HCl Coated Beads</i>	✓✓	NL*	NL
Cardura <i>Doxazosin Mesylate</i>	✓✓	✓	✓✓
Catapres <i>Clonidine HCl</i>	✓✓	✓	✓✓
Celexa <i>Citalopram Hydrobromide</i>	✓✓*	N - ✓ S - ✓✓	✓✓
Ciloxan <i>Ciprofloxacin HCl</i>	✓✓	N - NL* S - ✓	✓✓
Cipro <i>Ciprofloxacin</i>	✓✓	✓	✓✓
Cortisporin <i>Neomycin-Polymyxin-HC</i>	✓✓	✓	✓✓

Coumadin <i>Warfarin Sodium</i>	✓✓	✓	✓✓
Cozaar <i>Losartan</i>	✓*	✓	NL
Cutivate <i>Fluticasone Propionate</i>	✓✓	N - NL* S - NF	✓✓
Daypro <i>Oxaprozin</i>	✓✓	NL*	✓✓
Desogen <i>Desogestrel-Ethinyl Estradiol</i>	✓✓	NL*	NL
Diffucan <i>Fluconazole</i>	✓✓*	✓	✓✓
Dilacor XR <i>Diltiazem HCl</i>	✓✓	N - ✓ S - NL*	✓✓
Diovan <i>No Generic Available</i>	✓*	NL*	✓*
Dyazide <i>Triamterene - HCTZ</i>	✓✓	NL*	✓✓
Effexor <i>Venlafaxine HCl</i>	✓✓	N - ✓ S - ✓✓	✓✓
Estrace <i>Estradiol</i>	✓✓*	✓	✓✓
Estraderm <i>Estradiol</i>	✓✓*	N - NF* S - ✓	✓✓
Flexeril <i>Cyclobenzaprine HCl</i>	✓✓	✓	✓✓
Fosamax <i>Alendronate</i>	NR*	N - ✓ S - ✓*	✓✓
Hycodan <i>Hydrocodone-Homatropine</i>	✓✓	✓	NL
Hyzaar <i>Losartan-Hydrochlorothiazide</i>	✓*	NL*	NL
Imdur <i>Isosorbide Mononitrate</i>	NR	✓	✓✓
Imitrex <i>Sumatriptan</i>	NR*	✓	✓✓*
Keflex <i>Cephalexin</i>	✓✓	✓	✓✓
Kenalog in Orabase <i>Triamcinolone Acetonide</i>	✓✓	NL*	✓✓

Lanoxin <i>Digoxin</i>	✓✓	✓	✓✓
Lasix <i>Furosemide</i>	✓✓	✓	✓✓
Levaquin <i>Levofloxacin</i>	✓*	NL*	✓
Lipitor <i>No Generic Available</i>	✓*	NL*	✓
Lopressor <i>Metoprolol Tartrate</i>	NL	✓	✓✓
Lorabid <i>No Generic Available</i>	NL	NL*	NL
Lotensin <i>Benazepril HCl</i>	✓✓	NL*	✓✓
Lotensin HCT <i>Benazepril-Hydrochlorothiazide</i>	✓✓	NL*	✓✓
Lotrisone <i>Clotrimazole-Betamethasone</i>	✓✓*	NL*	✓✓
Macrobid <i>Nitrofurantoin Monohyd Macro</i>	✓✓	✓	✓✓
Macrodantin <i>Nitrofurantoin Macrocrystal</i>	✓✓	✓	✓✓
Micro-K <i>Potassium Chloride</i>	✓✓	N - NL* S - ✓	✓✓
Neurontin <i>Gabapentin</i>	✓✓	✓	✓✓
Nitrostat <i>Nitroglycerin</i>	✓✓*	✓	✓✓
Norvasc <i>Amlodipine Besylate</i>	✓✓*	N - NL* S - ✓	✓✓
Plendil <i>Felodipine</i>	✓✓	N - ✓ S - NR	✓✓
Pravachol <i>Pravastatin Sodium</i>	✓✓*	NL*	✓✓
Prevacid <i>Lansoprazole</i>	✓*	N - NL* S - NR	NL
Prinivil <i>Lisinopril</i>	✓✓	N - ✓ S - ✓*	✓✓
Prinzide <i>Lisinopril-Hydrochlorothiazide</i>	✓✓	✓	✓✓

Western Health Advantage HMO
Kaiser Permanente HMO
Health Net PPO

Western Health Advantage HMO
Kaiser Permanente HMO
Health Net PPO

Western Health Advantage HMO
Kaiser Permanente HMO
Health Net PPO

Procardia XL <i>Nifedipine</i>	✓✓	✓	✓✓
Provera <i>Medroxyprogesterone Acetate</i>	✓✓	✓	✓✓
Prozac <i>Fluoxetine HCl</i>	✓✓*	N - NL* S - ✓✓	✓✓
Restoril <i>Temazepam</i>	✓✓*	✓	✓✓*
Retin-A <i>Tretinoin</i>	✓✓	✓	✓✓*
Risperdal <i>No Generic Available</i>	NR	✓	✓✓
Septra DS <i>Sulfamethoxazole-Trimethoprim</i>	✓✓	✓	✓✓
Soma <i>Carisoprodol</i>	✓✓	NL*	✓✓
Tenormin <i>Atenolol</i>	✓✓	✓	✓✓

Tiazac <i>Diltiazem HCl ER Beads</i>	✓✓	NL*	NL
Timoptic XE <i>Timolol Maleate</i>	✓✓	N - NL* S - ✓	✓✓
TobraDex <i>Tobramycin-Dexamethasone</i>	NR*	N - NL* S - ✓	✓
Toprol-XL <i>Metoprolol Succinate</i>	✓✓	N - NL* S - NF*	✓✓
Valium <i>Diazepam</i>	✓✓	✓	✓✓
Vasotec <i>Enalapril Maleate</i>	✓✓	NL*	✓✓
Verelan <i>Verapamil HCl</i>	✓✓	NL*	✓✓
Viagra <i>No Generic Available</i>	✓*	NL*	✓*
Xalatan <i>Latanoprost</i>	✓*	N - NL* S - NR	✓

Xanax <i>Alprazolam</i>	✓✓	✓	✓✓
Zantac <i>Ranitidine HCl</i>	✓✓	✓	✓✓*
Zestoretic <i>Lisinopril-Hydrochlorothiazide</i>	✓✓	NL*	✓✓
Zestril <i>Lisinopril</i>	✓✓	N - ✓ S - NF	✓✓
Zithromax <i>Azithromycin</i>	✓✓*	✓	✓✓
Zocor <i>Simvastatin</i>	✓✓*	✓	✓✓
Zoloft <i>Sertraline HCl</i>	✓✓	N - ✓ S - ✓✓	✓✓
Zyloprim <i>Allopurinol</i>	✓✓	✓	✓✓

- ✓✓ Preferred Preferred over all other drugs in the same therapeutic category.
- ✓ Approved Approved for reimbursement without any restrictions.
- PA Prior Authorization Reimbursement will be allowed only when the claim has been submitted to plan officials by a prescriber for review prior to the issuance of a prescription.
- NF Non Formulary The Plan lists this drug as not on the formulary. Please see page 6 to review plan's Benefits/Policies regarding non formulary drugs.
- NR Not Reimbursed The drug is not reimbursed by the plan.
- NL Not Listed No information available for this drug. It may or may not be reimbursable. Contact your Healthcare Service Plan for details.
- * Restrictions Drug has restrictions. Contact your Healthcare Service Plan for details.
- N North S South

This directory of drug formularies was collected from all plans participating in the HSA California® Program and is accurate to the best of our knowledge. However, the drug formularies and policies offered through HSA California health plans may change at any time without notice so please keep in mind that this is only a guide and **you must verify the information directly with the health plan before making decisions.**

Physician Access & Referral

QUESTIONS	Kaiser Permanente HMO	Western Health Advantage HMO	Health Net PPO	Health Net Flex Net
How often can my family members and I change Primary Care Physicians (PCPs)?	Anytime	Once a month - changes are effective at the beginning of the following month, provided the member is not in the course of treatment or hospitalized and no pending authorizations.	Anytime – in a PPO, you do not need to choose a PCP	Anytime – in an indemnity plan, you do not have to choose a PCP
Can each family member choose a different Primary Care Physician from different medical groups?	Yes – but only from Plan Physicians	Yes – but only from Network Physicians	Yes – each family member can make their own physician choice	Yes – each family member can make their own physician choice
Can I refer myself to a specialist? <i>(For OB/GYN referral information, see page 9)</i>	OB/GYN: Yes Other Specialist: Yes – to certain specialties. Self-refer specialties list varies by geographical region	Yes – to an ophthalmologist only, for your annual eye exam	Yes – In a PPO you can choose any physician	Yes – in an indemnity plan, you can choose any physician
Does the Health Carrier offer a program to help speed up the specialist referral process?	Yes – referrals come directly from PCP; no other approval is needed	Yes – Advantage Referral Program allows PCP to refer member to any specialist in the WHA network who participates in the Advantage Referral Program	Yes – In a PPO you don't have to go through a specialist referral process	Yes – in an indemnity plan, you don't have to go through a specialist referral process
Are dependents who live out-of-area covered?	Yes – Dependent children of Subscriber or Subscriber's Spouse. Other dependents are eligible as long as they do not live in or move to the service area of another Kaiser Permanente region.	Yes – full-time student dependents outside of the service area are covered for emergency and urgently needed services	Yes	Yes

HSA California® HMO members may go to an Urgent Care Facility contracted through their medical group (PMG) or Individual Practice Associate (IPA) for the same copay as their Primary Care Physician (PCP) office visit copay. Please contact your selected PMG or IPA to find out if they contract with an Urgent Care Facility and where it is located, so you will have this information handy when needed.

Note: All HMO benefits are covered in-network only.

All HSA California Health Plans cover life threatening emergencies anywhere in the world.

Well Woman & Infertility

QUESTIONS	Kaiser Permanente HMO	Western Health Advantage HMO	Health Net PPO	Health Net Flex Net
Can a member self-refer to an OB/GYN?	Anytime	Yes – anytime to an OB/GYN who participates in WHA's Advantage Referral program	In a PPO, you can choose any OB/GYN anytime	In an indemnity plan, you can choose any OB/GYN anytime
How often does health carrier allow a routine PAP smear?	As recommended by Plan Physician	Annually [†]	Once a year	Once a year
How often does health carrier allow a routine Mammogram?	As recommended by Plan Physician	<u>Ages 35-39:</u> one during five year period <u>Ages 40 & over:</u> one every calendar year	Once a year	Once a year
Does the carrier cover oral contraceptives?	Yes	Yes	Yes	Yes
Are infertility benefits covered?	No	No	No	No

[†] Or as recommended by the U.S. Preventive Services Task Force or the American College of Obstetricians and Gynecologists.

Prescription Drug Benefits

QUESTIONS	Kaiser Permanente HMO	Western Health Advantage HMO	Health Net PPO	Health Net Flex Net
If generic drug is available and doctor has not indicated “dispense as written,” will member receive a generic equivalent rather than the brand name drug?	Yes	Yes – or you must pay the brand copay plus the difference in cost between brand name & generic equivalent	Yes – or you must pay the brand copay plus the difference between the cost of the brand name & generic	Yes – or you must pay the brand copay plus the difference between the cost of the brand name & generic
If doctor writes “dispense as written” on prescription, is brand name available at the brand copay?	Yes	Yes	Yes	The copay is the same as it is for generic medications
If doctor writes a prescription and there is no generic available, will member receive brand name drug at generic copay?	No – brand name dispensed at brand name copay	No – brand name dispensed at brand name copay	No – brand name dispensed at brand name copay	The copay is the same as it is for generic medications
What are my prescription copays for formulary drugs?	HMO 2200 \$10 Generic \$20 Brand HMO 2600 \$10 Generic \$30 Brand	HMO 1800 No Charge HMO 2800B \$10 Generic \$30 Brand	Participating Pharmacy \$15 Generic \$30 Brand Non-Participating Pharmacy 50%	20% for all medications after Rx deductible
Are Non-Formulary drugs covered?	Yes – if deemed medically necessary by Plan Physician	HMO 1800 No Charge HMO 2800B \$50 Copay	Participating Pharmacy \$50 Non-Formulary Non-Participating Pharmacy 50% Prior authorization may be required for certain medications	Yes – Non-Formulary medications are covered however the member must first try the generic drug
Mail Order	HMO 2200 \$20 Generic \$40 Brand HMO 2600 \$20 Generic \$60 Brand	HMO 1800 No Charge HMO 2800B \$25 Generic \$75 Brand \$125 Non-Formulary	Participating Pharmacy \$30 Generic \$60 Brand \$100 Non-Formulary Non-Participating Pharmacy Not Covered	90 Day supply with a 20% coinsurance each month

*Prescription Drugs are subject to the medical deductible, for HSA-compatible plans.

Diabetes Benefits

QUESTIONS	Kaiser Permanente HMO	Western Health Advantage HMO	Health Net PPO	Health Net Flex Net
Insulin	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Needles/Syringes	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Glucose Monitor	Covered as Durable Medical Equipment rather than Prescription Drug Benefit HMO 2200: 75% HMO 2600: 70%	Covered as Durable Medical Equipment rather than Prescription Drug Benefit: HMO 1800: 100% HMO 2800B: 80%	Covered under Prescription Drug Benefit (Preferred monitors only) All other monitors covered as Durable Medical Equipment: <u>PPO 2500 & 3500</u> In-Network: 70% Out-of-Network: 50% Up to max \$2,000 <u>PPO 4500</u> In-Network: 60% Out-of-Network: 40% Up to max \$1,000	Covered under Prescription Drug Benefit (Preferred monitors only) All other monitors covered as Durable Medical Equipment: 80%
Chem-Strips and/or Testing Agents	Blood Test Strips are covered as Durable Medical Equipment. Urine Test Strips are covered under the Prescription Drug Benefit.	Covered as Durable Medical Equipment	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Insulin Pump	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit: HMO 1800: 100% HMO 2800B: 80%	Covered as Durable Medical Equipment <u>PPO 2500 & 3500</u> In-Network: 70% Out-of-Network: 50% Up to max \$2,000 <u>PPO 4500</u> In-Network: 60% Out-of-Network: 40% Up to max \$1,000	Covered as Durable Medical Equipment (Medical Deductible applies): 80%
Insulin Pump Supplies	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit: HMO 1800: 100% HMO 2800B: 80%	Covered as Durable Medical Equipment <u>PPO 2500 & 3500</u> In-Network: 70% Out-of-Network: 50% Up to max \$2,000 <u>PPO 4500</u> In-Network: 60% Out-of-Network: 40% Up to max \$1,000	Covered as Durable Medical Equipment (Medical Deductible applies): 80%

Note: All services are subject to the Calendar Year deductible unless otherwise noted.

Health Net

(800) 361-3366 English/Español

Mon-Fri 8:00 a.m. - 6:00 p.m.

Kaiser Permanente

English (800) 464-4000

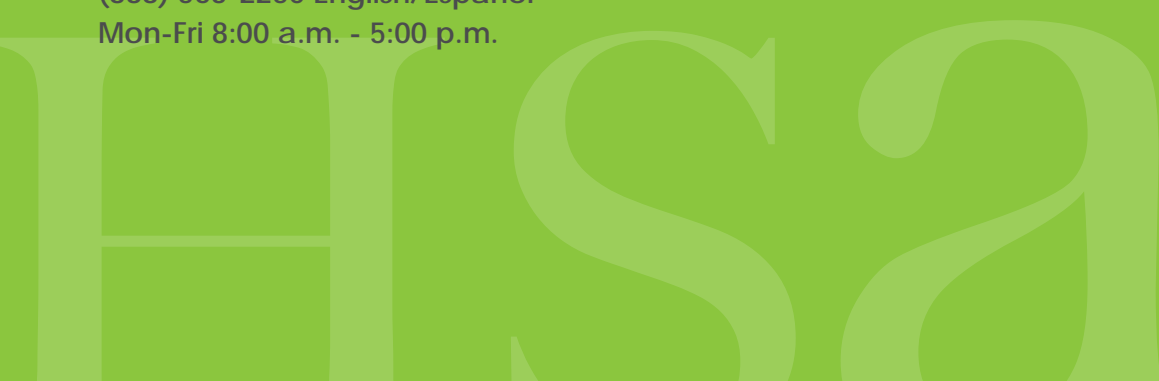
Español (800) 788-0616

7 days a week 7:00 a.m. - 7:00 p.m.

Western Health Advantage

(888) 563-2250 English/Español

Mon-Fri 8:00 a.m. - 5:00 p.m.



866.251.4718

www.hsacalifornia.com

HSA California[®]
Health. Wellness. Savings.