

2018 Blue Ridge Healthcare Pharmacy Benefit Plan Design



2018 Prescription Plan Features-At-A-Glance			
Prescription Drug Tiers	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	Community Retail Pharmacies (30-day supply)
Affordable Care Act Preventive List ^{1,2} (ACA)	\$0 copay	\$0 copay	\$0 copay
Preventive Select Medications ^{1,4}	\$15 copay	\$6 copay	\$15 copay
Generic ^{1,3}	\$30 copay	\$12 copay	\$15 copay
Preferred Brand ³	\$100 copay	\$40 copay	30% coinsurance not less than \$40 or more than \$125
Non-Preferred Brand ^{1,3}	40% coinsurance not less than \$150 or more than \$425	40% coinsurance not less than \$60 or more than \$175	50% coinsurance not less than \$75 or more than \$300
Specialty Drugs (self-injectables administered at home, oral chemo agents, infertility treatment)	Not applicable	20% coinsurance not more than \$125	Not Applicable
Step Care Therapy Programs	Therapies for depression, allergies, asthma, and COPD should begin with a generic drug. Refer to the 2017 Medication Cost Guide at www.carolinacarerx.org		

2018 Prescription Plan Features-At-A-Glance Diabetic Medications & Testing Supplies			
Prescription Drug Tiers	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	Community Retail Pharmacies (30-day supply)
Select Diabetes Meds	\$0 copay	\$0 copay	\$0 copay
Preferred & Non-Preferred Brands *	\$100 copay	\$40 copay	\$40 copay
OneTouch Products, BD & Unifine Needles & Syringes;	\$0 copay	\$0 copay	\$0 copay ¹
Specialty Diabetic Products	Not Available	\$40 copay	Only through CarolinaCARE

Diabetic medications and testing supplies available at no charge to member. Must enroll in the Personal Care Management program through MedCost

*Complete list of preferred diabetic agents & supplies will be provided upon enrollment to program.

Health Savings Account Plan – Copays & co-insurance apply after deductible is met with the exception of Affordable Care Act & Preventive Select medications.

Deductibles PPO Individual/ Family T1-\$1,250/\$3,750 T2: \$2,400/\$7,200
 Out of Pocket Maximum Individual/Family – T1- \$5,500/\$11,000
 Deductibles CDHP Individual/Family: T1-\$2,000/\$4,000 T2 - \$3,000/\$6,000
 Out of Pocket Maximum Individual/Family: T1- \$4,500/\$9,000 T2: \$6450/\$12,900

¹ After a maximum of one fill at retail member pays full cost unless transferred to CarolinaCARE
² Includes certain aspirin, fluoride, folic acid, iron, smoking cessation, colonoscopy, contraceptive products, breast & prostate cancer prevention drugs
³ After deductible is met for HSA Plan, one fill allowed at retail before transfer to CarolinaCARE
⁴ Copays apply to out-of- pocket maximum expense only

