

# 2018 LiveWELL Health Plan Pharmacy Benefit

## Consumer Directed Health Plan



Carolinacare HealthCare System

### 2018 Prescription Plan Features-At-A-Glance

Prescription Drug Tiers	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	CMC Rx Retail Pharmacies (30-day supply)	Community Retail Pharmacies (30-day supply)
Affordable Care Act Preventive List <sup>1,2</sup> (ACA)	\$0 copay	\$0 copay	\$0 copay <sup>1</sup>	\$0 copay <sup>1</sup>
Carolinacare HealthCare System Preventive List <sup>1</sup>	\$12 copay	\$4 copay	\$4 copay <sup>1</sup>	\$15 copay <sup>1</sup>
Generic <sup>3,4</sup>	\$25 copay	\$10 copay	\$10 copay	\$15 copay
Preferred Brand <sup>3,4</sup>	\$85 copay	\$35 copay	25% coinsurance not less than \$35 or more than \$45	30% coinsurance not less than \$35 or more than \$100
Non-Preferred Brand <sup>3,4</sup>	40% coinsurance not less than \$125 or more than \$375	40% coinsurance not less than \$50 or more than \$150	40% coinsurance not less than \$50 or more than \$150	50% coinsurance not less than \$60 or more than \$250
Specialty Drugs (self-injectables administered at home, oral chemo agents, infertility treatment) <sup>4</sup>	Not applicable	20% coinsurance not more than \$125	20% coinsurance not more than \$125	Not Applicable
Step Care Therapy Programs	Therapies for <b>Depression, allergies, asthma, and COPD</b> should begin with a generic drug. Refer to the 2018 Medication Cost Guide at <a href="http://www.carolinacarerx.org">www.carolinacarerx.org</a>			

<sup>1</sup>After maximum of one fill for ACA & preventive maintenance medication at retail, member pays full cost unless transferred to CarolinaCARE

<sup>2</sup> Includes certain aspirin, bowel preps, fluoride, folic acid, iron, smoking cessation, breast & prostate cancer prevention, and contraceptive products.

<sup>3</sup> After deductible is met, one fill allowed at retail before transfer to CarolinaCARE.

#### Consumer Directed Health Plan –

<sup>4</sup>Copays & co-insurance apply after deductible is met with exception of Affordable Care Act and Preventive products

Deductibles: \$1,850 - Individual / Annual; \$3,700 - Family / Annual Out of Pocket Maximums: \$5,600 - Individual / Annual; \$11,200 - Family / Annual