

2019 LiveWELL Plan-at-a-Glance

2019 Prescription Plan Features

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 (ACA) ¹	\$0 copay	\$0 copay	\$0 copay	\$0 copay
LiveWELL Preventive Drug List ¹	\$18 copay	\$6 copay	\$6 copay	\$20 copay
Generic ²	Deductible then \$35 copay	Deductible then \$15 copay	Deductible then \$15 copay	Deductible then \$20 copay
Preferred Brand ²	Deductible then \$100 copay	Deductible then \$40 copay	Deductible then \$40 copay	Deductible then 30% coinsurance not less than \$40 or more than \$125
Non-Preferred Brand ²	Deductible then 40% coinsurance not less than \$150 or more than \$375	Deductible then 40% coinsurance not less than \$60 or more than \$180	Meet deductible then 40% coinsurance not less than \$60 or more than \$180	Deductible then 50% coinsurance not less than \$75 or more than \$275
Specialty Drugs ³	Not applicable	Deductible then 20% coinsurance not more than \$150	Not applicable	Not Applicable

¹ Maximum of one fill allowed at retail for maintenance medications for ACA Preventive and Preventive Drug List. Plan requires transition to CarolinaCARE.

² Maximum of one fill allowed at retail for maintenance medications after the deductible is met. Plan requires transition to CarolinaCARE or member will pay full cost, which will not apply to deductible or annual out-of-pocket.

³ Specialty drugs required at CarolinaCARE. Some exceptions may apply to limited distribution drugs.

⁴ Opioid prescriptions limited to a 30-day quantity