

NAVICENT HEALTH 2020-2021 Rx PLAN COMPARISON

*CHOICE PLAN – Meet deductible, then copays apply

PLAN DESIGN	2020		2021	
	BASIC	CHOICE	BASIC	CHOICE*
Deductible Individual/Family	\$300/\$600	\$1,600/\$3,200	\$300/\$600	\$1,400/\$2,800
Out-of-Pocket Maximum Individual/Family	\$4,000/\$8,000	\$3,600/\$7,200	\$4,000/\$8,000	\$3,600/\$7,200
RETAIL PHARMACY – 30 Day Supply				
Affordable Care Act (ACA) - only 1 fill allowed; then use CarolinaCARE)	\$0	\$0	\$0	\$0
Preventive Drug List (only 1 fill allowed; then use CarolinaCARE)	N/A	20%	\$20	\$20
Generic	\$10	20%	\$10	\$20*
Preferred Brand	\$35	20%	\$35	\$45*
NON-Preferred Brand	\$60	20%	\$60	\$60*
Specialty	N/A	N/A	N/A	N/A
CAROLINACARE MAIL SERVICE PHARMACY – 30/90 Day Supply				
Affordable Care Act (ACA) – Up to 90 DS allowed	\$0	\$0	\$0	\$0
Preventive Drug List 30DS/90DS	N/A	\$0	\$6/\$15	\$6/\$15
Generic 30DS/90DS	\$10/\$30	20%	\$10/\$25	\$10/\$25*
Preferred Brand 30DS/90/DS	\$35/\$105	20%	\$35/\$87.50	\$35/\$87.50*
NON-preferred Brand	\$60/\$180	20%	\$60/\$180	\$60/\$180*
Specialty Medications 30DS	\$60	20%	\$60	\$60*