

2020 LiveWELL Rx Plan-at-a-Glance

2020 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	\$15 copay	\$6 copay	\$6 copay	\$20 copay
Generic ²	Deductible then \$25 copay	Deductible then \$10 copay	Deductible then \$10 copay	Deductible then \$20 copay
Preferred Brand ²	Deductible then \$87.50 copay	Deductible then \$35 copay	Deductible then \$35 copay	Deductible then \$45 copay
Non-Preferred Brand ²	Deductible then \$250 copay	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then \$110 copay
Specialty Drugs ³	Not applicable	Deductible then \$150 copay	Not Applicable ⁴	Not Applicable

Deductible applies to HSA Plan only. Limited specialty products available through CMC Rx Retail Pharmacies. Opioid prescriptions limited to 30-day quantity by law.

¹ Maximum of one fill allowed at retail for maintenance medications on the ACA and Preventive Drug Lists. Plan then 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 Limited availability of specialty medications.