

2021 CHS Blue Ridge Rx Plan-at-a-Glance

2021 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 Drug List ^{1,4}	\$25 copay	\$10 copay	\$25 copay
Generic ^{1,3}	\$50 copay	\$20 copay	\$25 copay
Preferred Brand ³	\$125 copay	\$50 copay	30% coinsurance not less than \$50 or more than \$150
Non-Preferred Brand ^{1,3}	40% coinsurance not less than \$225 or more than \$500	40% coinsurance not less than \$75 or more than \$200	50% coinsurance not less than \$100 or more than \$350
Specialty Drugs (self-administered) ⁶	Not applicable	20% coinsurance not more than \$150	Not applicable
Step Care Therapy Programs	Therapies for depression, allergies, asthma, and COPD may begin with a generic drug. Refer to the prescription benefit documents at www.carolinacarerx.org		

2021 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 ^{1,3}	\$0	\$0	\$0
Preferred & Non-Preferred Brands* ^{1,3}	\$125	\$50	\$30% coinsurance not less than \$50 or more than \$150
Contour Next Products, BD Unifine Needles & Syringes ^{1,3}	\$0 copay	\$0 copay	\$0 copay

Select **diabetes medications** and testing supplies available at no charge to member when enrolled in the Diabetes Care Program.

Complete list of preferred diabetic agents & supplies will be provided upon enrollment in the Diabetes Care Program.

****Health Savings Account Plan (HSA)** – Copays & co-insurance apply **after** the deductible is met. Exception-Copays apply immediately for products on the Affordable Care Act & Preventive Medication Drug lists.

¹After a maximum of one fill at retail member pays full cost unless transferred to CarolinaCARE

² Includes certain aspirin, fluoride, folic acid, etc. For complete the complete list, visit www.carolinacarerx.org

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 on the HSA Plan.

⁵ Opioids dispensed in 30-day quantity only

⁶ Specialty drugs are filled through CarolinaCARE only. Exceptions may apply to drugs in limited distribution networks. Certain specialty prescription drugs may be subject to a separate cost share that may vary.

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 HSA 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