

2021 NAVICENT HEALTH Rx PLANS-at-a-GLANCE

BASIC Rx Plan

CHOICE Rx Plan with Health Savings Account (HSA)

| Prescription Drug Tier | CarolinaCARE Mail Service (90-day supply) | CarolinaCARE Mail Service (30-day supply) | Community Retail Pharmacies (30-day supply) |
|--|---|---|---|
| Affordable Care Act Preventive List (ACA) ^{1,2} | \$0 copay | \$0 copay | \$0 copay |
| Preventive Drug List ¹ | \$15 copay | \$6 copay | \$20 |
| Generics ¹ | \$25 | \$10 | \$10 |
| Preferred Brand ¹ | \$87.50 | \$35 | \$35 |
| NON-preferred Brand ¹ | \$180 | \$60 | \$60 |
| Specialty Drugs ³ | Not Applicable | \$60 | Not applicable |

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| Affordable Care Act Preventive List (ACA) ^{1,2} | \$0 copay | \$0 copay | \$0 copay |
| Preventive Drug List ¹ | \$15 copay | \$6 copay | \$20 |
| Generics ⁴ | Meet deductible, then \$25 | Meet deductible, then \$10 | Meet deductible, then \$20 |
| Preferred Brand ⁴ | Meet deductible, then \$87.50 | Meet deductible, then \$35 | Meet deductible, then \$45 |
| NON-preferred Brand ⁴ | Meet deductible, then \$180 | Meet deductible, then \$60 | Meet deductible, then \$60 |
| Specialty Drugs ³ | Not applicable | Meet deductible, then \$60 | Not applicable |

¹ After a maximum of one (1) fill at retail for maintenance drugs, member pays full cost unless Rx is transferred to CarolinaCARE

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

³ Specialty drugs are filled through CarolinaCARE only. Exceptions apply to drugs in a limited distribution network. Certain specialty prescription drugs may be subject to a separate cost share that may vary.

- Maximum out-of-pocket: \$4,000 Individual/ \$8,000 Family
- Flexible Spending Account (FSA) fund balance does not roll over to the new plan year
- Opioids dispensed in 30-day quantity only after the initial limited supply, per FDA guidelines

⁴ After deductible, one (1) additional fill allowed at retail for maintenance drugs. Then, member pays full cost unless Rx is transferred to CarolinaCARE.

- Copays apply after deductible is met
- Deductible: \$1,400 individual/\$2,800 Family
- Maximum out-of-pocket: \$3,600 Individual/ \$7200 Family
- Opioids dispensed in 30-day quantity only after the initial limited supply, per FDA guidelines
- Health Savings Account fund balance does roll over to the new plan year